THE REWARDS OF MEDICINE

*By the same Author*

*THE OCCASION FLEETING*

# THE REWARDS OF MEDICINE

*and other essays*

by

HUGH BARBER

*Fellow of The Royal College of Physicians,*
*Physician Emeritus, Derbyshire Royal Infirmary*



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## INTRODUCTION

SOME of these essays have received sufficient encouragement to make it seem reasonable to put them in a volume

They have all been written, however, at a time of life when (in the words of the author of *Over the Teacups*) I am a trespasser on the domain belonging to another generation

For this reason I would explain that the following lessons have not been forgotten

(1) In childhood
 "Thinking again," said the Duchess
 "I've a right to think," said Alice
 "Just about as much right," said the Duchess, "as pigs have to fly"
(2) In 1902 Kipling wrote *The Old Men*
 "And because we know we have breath in our mouth and think we have thoughts in our head,
 We shall assume that we are alive, whereas we are really dead."

* * *

It is said that the elderly are fond of preaching It may be something more subtle than that Time was when a legacy would be left to a voluntary hospital with the proviso that the grave of the testator should be cared for and kept in order Which suggests a reasonable desire for remembrance

If an elderly man appears to be preaching, is it possible he is trying to bequeath something to another generation?

That an idea still survives in an old head may be an indication

Four of these articles have appeared in *The Practitioner* as part of some Symposium. Most of the others have been printed in the *Guy's Hospital Gazette*. My thanks are due to the editors for leave to republish.

Tristram Shandy's relative, My Uncle Toby, said: "I whistle that I may not weep"; and claimed to have a very sympathetic nature. Indeed, at school, the account of all the casualties around the Trojan walls caused him so much distress that he "called Helena a bitch for it." For which quite rightly he received chastisement.

If on occasion I may appear to be flippant it does not mean that there is want of respect for a subject serious enough. Rather it should be accepted in the spirit of prophylaxis against the senile danger of pontifical sermonizing.

* * *

To criticize some discarded medical foible is reasonable enough, but to exercise levity in so doing should be the privilege alone of those who were active at the time.

Junior colleagues have a way of discarding beliefs, altering nomenclature and changing the wording of reports from special departments. Partly no doubt to fit with some more enlightened conception. Sometimes, however, a senior may feel that the generation to which his children belong is being a little artificial in the search for progress.

To build on some former structure of knowledge or belief is safer than to pull it down. There have been occasions when the children's children were able to justify the statement that grandfather was quite right, and so have changed things back again.

* * *

In a collection of essays it is almost inevitable that there will be a tendency to repetition. But the Autocrat of the Breakfast Table said: "A thought may be original although you have uttered it a hundred times. It has come to you over a new route, by a new and express train of associations."

At least there will be more variation from one essay to another than was the case with Mark Twain on a lecture tour. When the local secretary was looking through the various titles, to choose a subject, he was told that it did not really matter because it would be the same lecture in any case.

* * *

A friend of mine enjoyed reading *The Origin of Species* more on

that it has a spark of vitality To express it may light up something in a younger brain

* * *

If a thought be merely what we all think it need not be received with contempt Kipling wrote "All too late I found ten thousand thousand thoughts like mine"

Tristram Shandy said "I believe, in my conscience, I intercept many a thought which heaven intended for another man"

In my own humble sphere, I had the gratification of receiving, from the other side of the Atlantic, a kind letter in which the writer said he had found certain thoughts in a volume of mine, which he had been inclined to believe were especially his own

A reviewer of that volume in a students' journal was favourable, save for the statement that he found too many truisms If, however, he were more than a generation my junior, which is probable, it is of interest that truisms should still be true for so long a period, in this changing world

There are of course, for anyone who utters a thought or speculation, pitfalls which would be the delight of any critic Samuel Johnson told the story of an Italian, of some note in London, who remarked "We have in our service a prayer called the *Pater Noster* which is a very fine composition I wonder who is the author of it"

* * *

If these essentially medical essays should meet the eye of a layman, I would claim that, whether or not my ideas have the approval of my colleagues, at least there are no opinions, or stories told, as one might say, behind the back of the medical profession to entertain lay minds

Most doctors will be familiar with the scene of Bob Sawyer's party They will recall how his friend Jack Hopkins of Barts, "with a scarcely perceptible glance at Mr Pickwick's attentive countenance", told the story of the child who had swallowed a necklace He was justified in adding that "very singular things occur in our profession" But he put it across so successfully that we all ought to feel too humble to attempt anything in a similar spirit, which would inevitably fall short of this classic example of playing to the gallery

* * *

# THE REWARDS OF MEDICINE

"Come, tell me how you live," I cried,
"And what it is you do!"
*Through the Looking-Glass*

NEARLY sixty years ago, at a time when I was finding anatomy in the dissecting room quite an interesting study and a cricket match an enjoyable event, I was asked to play for a club composed of qualified medical practitioners One member of the team did not expect to make any runs because he had been out of bed in the night attending a confinement Another with a bandaged finger explained that he had been careless over a septic dressing Somebody else had to get back early because his partner was away And I myself was called in at the last minute because a doctor could not leave a patient seriously ill. The atmosphere at lunch before the match was depressing when compared with the enthusiasm of a team composed of medical students The truth of the matter is that cricket matches and medical practice do not go well together On the whole, I think, a golf match is more suited to the circumstances of a doctor's life. And some golfers like an excuse, such as being up in the night, for making a bad shot. They feel justified in explaining the cause of this lapse to their opponent, but it would not be worth mentioning to a cricket umpire.

Perhaps it was natural that these doctors, with a student present, should be conscious that they had lost some freedom compared with their undergraduate days. However that may be, I remember that the conversation turned towards the question of earning a living, which presumably brought some compensation The general concensus of opinion was, that any qualified medical man could at least succeed in earning his bread. Then followed the old saw (perhaps new to me at that time) that some got butter with it and just a few got jam. I forget whether or not I made any runs, but I did not enjoy the game This glimpse of the future was not encouraging. I could not help wondering, what were the rewards of getting qualified? Had I met these doctors at their work or away on a holiday, no doubt there would have been more stimulating talk.

account of the facts therein than for the theory In human affairs, however, it is the spirit which is more important than the letter

The psychologists are working hard to define our thoughts in words But a modern language changes In a treatise on psychosomatic medicine I learned that "a pain in the neck may apply to the trapezius muscle or to the mother in law" It was an expensive volume costing some dollars Would it be wiser to go back to a dead language which does not change?

In any event, however, can we really express our thoughts in any language? Three hundred years ago John Bunyan's Pilgrim, with reference to his aspirations said "I can better conceive of them with my mind than speak of them with my tongue"

* * *

In 1902 when I came back to Guy's Hospital one evening with a diploma (of which it was our custom in those days to emphasize the claim that our horses could not be taken for a fire-engine) it was easier to earn the courtesy title of "doctor" than it may be today In addition to the factual knowledge which the examiners had accepted, we needed some common sense, a stethoscope and the unassisted senses

With the immense advances in medical science today the individual field is likely to be more limited, but to whatever walk in medical life the diploma may lead, I believe a lasting life interest only comes if there is a wide general knowledge of the natural history of human nature, health and disease "Preaching again", you say Perhaps, but it is a good sermon, for which I could give chapter and verse

unique occasion A spontaneous outburst of relief and frivolity, such as had not been known before with Queen Victoria on the throne In streets packed with a throng of mixed humanity, a student of social history might have seen, from the behaviour of eminently respectable young ladies who tickled the menfolk in the face with peacock feathers, that the stage was set for the emancipation of women

The strong individualist is likely to make a good doctor Perhaps in a Welfare State some of his enthusiasm may be discouraged, but the frustrations in the business world would be greater Samuel Johnson, who did not know that so many of his chance remarks would ring down the ages, once said that there were few things which would keep a man out of mischief better than trying to make a fortune. Some who succeeded in this endeavour were able to give back much in the form of public service For which on the whole there is less opportunity now, just as there is less scope for amassing a substantial bank account. In a changing world the profession of medicine is not unfavourably placed Moreover, from the patient's point of view, we must admit that there is *more social security* William Stokes (1804-78), of Dublin fame, was told by one of his patients "Oh' doctor, you have given me a new stomach but I have nothing to put in it"

### Financial Rewards

The fees in general practice were assessed by custom which no doubt was easier in the nineteenth century than in these days of change Sir James Paget tells us that, when he was an apprentice in Yarmouth in 1830, an ounce draught cost a shilling a pint mixture five shillings and bleeding would be from five shillings to half a guinea. In his case, some thirty five years later, as a London consultant it is estimated that he would be earning a five-figure income I once met an old farmer who told me that forty years previously he had seen a young medical man in Liverpool, who had manipulated his knee for a fee of five shillings Quite recently he had seen the same man, now the leading orthopaedic surgeon, who had charged him five guineas. I was *told*, with a smile, that the five shillings worth had done him *more* good. But of course my old friend knew, what *Hippocrates could have told* him, that such complaints as become chronic in old men generally last until death"

Marcus Aurelius could have told us (or we told Marcus Aurelius) that "satisfaction consists in doing the things we are made for" Herein, it seems to me, is centred the problem for one who is qualified For what has he made himself? The favoured few are not those who may some day get jam, but those who have been able to slide into work which suited them, whereas the majority must be content to suit themselves to the work that comes *At all costs it is essential to* avoid a working life which is of such a nature that the duties cannot be efficiently performed Although in times of stress this may be a temporary misfortune—whether it be too many visits, a surgery too crowded or seeing out patients with a race against the clock

The problem of specialization is more difficult than formerly Sir William Arbuthnot Lane's mind turned towards being a physician but, not seeing any prospect of a vacancy in that direction, he took up surgery Nowadays it is not very difficult to become a registrar, but it is less easy to plan for one's future As the number of specialities grow there is greater risk of taking up some work in which the field is limited in interest. A A Milne tells the story of a youth who told his father that he wished to be a poodle clipper To which came the response that not very many people keep poodles, that not all poodle lovers have them clipped and that not everyone who keeps a poodle and has it clipped would call in this young man Wise advice so far as it goes, but as Sir Thomas Browne might say, only reaching the pericardium and not the heart of truth He should have told his son to reflect as to whether after a few years the life of a poodle clipper might pall The surest reward for obtaining a medical qualification is that there should be an opportunity of some kind to do a job of work worth while To remain interested in the study of medicine throughout life is the most lasting reward For age to pass on this evidence to youth is perhaps in better taste than preaching

I was sitting on a bench in a lecture theatre at a meeting of physicians, wondering after being qualified for fifty years if I was "on the shelf", when my neighbour, a young physician from my own medical school, asked me if I was at Guy's during the South African War Here it would appear was my opportunity to obtain the reward of drawing on my past experience of the natural history of disease But my pride was humbled with the next question—"What was London like on Mafeking night?' And yet that scene, in May 1900, round about the Mansion House was something of a

for your soul" And Lanfranc (c 1200) of Paris advised that a surgeon "should help the poor as far as he can, but he should not hesitate to ask for good fees from the rich".

In the latter part of the eighteenth century Dr. Erasmus Darwin founded the Lunar Society, of which Joseph Priestley and Withering (of digitalis fame) were shining lights. Darwin took a common sense view of financial rewards. To his doctor son he wrote· "As to fees, if your business pays you well on the whole, I would *not* be uneasy about making the most of it". In another letter he wrote, "There are two kinds of covetousness, one the fear of poverty, the other the desire of gain. The former, I believe, at some time affects all people who live by a profession." What course to adopt when a private fee seems inadequate is a difficult problem. The story goes that Dr John Bell (1763-1820), the Edinburgh professor, receiving a cheque which he thought inadequate from a rich patient, handed it to the butler with the remark "There is a trifle for you" When the incident came to the patient's knowledge he increased the amount considerably

### The Doctor's Bill

The fee system in private practice certainly makes for freedom, but often enough the doctor's bill comes at an awkward time. In *Punch* some years ago was a picture of the local doctor's wife meeting a man in the street, to whom she explained that she was glad to see him about again and that she had no idea how ill he had been until she made [illegible]
a ho [illegible]
of a [illegible]
him [illegible] financial difficulty But the "uncrowned king", hearing of the trouble, got up a substantial subscription which eased the mind of the husband and improved the physical condition of the wife A piece of natural history so obvious as that did not need the label "psychosomatic" in those days

The fear of the doctor's bill may be a genuine anxiety In the twelfth century the [illegible]

[illegible] (An expression which has the ring of Damon Runyon, the American author, with his volume *More than Somewhat* A writer who has the gift of using rather colourful language,

By the end of the nineteenth century the bottle of medicine containing eight doses would, in most practices, cost two shillings or half a crown; and a visit three-and-six or five shillings These fees would provide an adequate living but the work was hard The fee varied with the social status of the patient, which was well defined in those days In some practices there would be visits at half or one guinea A patient who had come up in the world financially, without aspiring to a larger house or change of locality, would be glad to pay higher fees than his neighbours, partly from pride but chiefly from generosity Such people knew that the doctor did unremunerative work amongst the poor and were glad to support him There were some bad things in the "good old days", but the spirit of generosity existed that the well to-do should pay for the doctoring of the poor Confinement fees were low in all social grades To attend the mother was the foundation of the practice—one guinea was the usual minimum Assessing a fee may be a delicate question In this connection perhaps a National Service is much to be commended Thomas Hodgkin once insulted a rich patient by charging him too little Under some circumstances it was not easy to estimate the social status

In an association football match between Surrey County and Hampshire played at Reigate in which I took part, one of our team was injured When we got back to the changing room a doctor was called in His technique was good, he had an attractive personality and handled the situation of a sprain with skill When the injured one, whose father was "something in the City", expressed his gratitude and asked the fee, the doctor suggested half a crown As a representative of the medical profession (albeit still in embryo) I could see the embarrassment of the situation For the patient expressed the sentiment that it was a very small fee, to which the doctor responded that it would have been half a guinea in the hunting field You cannot blame him for underestimating the status of a lot of muddy footballers, and probably the patient felt himself too young to suggest that in this case we might use the hunting field terms

The surgeon on the honorary staff of a voluntary hospital was justified in charging substantial private fees It is an old tradition, de Mondeville of Montpellier (1260-1320) said, 'If you have operated conscientiously on the rich for a proper fee, and on the poor for charity, you need not play the monk, nor make a pilgrimage

physician concluded that the characteristic spots had come out. Widal, in Paris, had described his agglutination test in 1896 but it was only carried out on hospital patients in the days when I was a resident.

### Bad Debts

When Mr Lloyd George was encouraging us in 1912 to work his Insurance Act, he told us that doctors were sure of getting enough work but not so sure of their money Whereas in his profession of the law the money was safe but the fear would be that there might not be enough work. Thomas Morstede, surgeon to King Henry the Fifth's army at Agincourt, took with him certain jewels belonging to the Crown as a pledge of payment to himself and his staff No doubt this was a wise precaution until William of Orange, with commercial wisdom from Holland, founded the Bank of England.

Most doctors are familiar with bad debts Often enough quite irritating because there is not even an expression of gratitude for the services rendered. They must not however be allowed to weigh heavily on the mind We have a classic warning given by Mirfeld, who compiled the *Breviarium Bartholomei*, in the fourteenth century He tells of a physician so obsessed by an overdue account that, when he himself was receiving the last rites of the Church on his own death bed, he could only murmur "Thirteen pounds in three years" A friend of mine in general practice was called out at one o'clock in the morning to find a household in a state of excitement because of financial failure My friend thought it would have kept till morning because his own account was outstanding

It is a pleasure to treat people free of charge on suitable occasions and gratitude is not to be h [illegible]

[illegible] frequently called in to travelling theatrical companies. When they began to tell him what a splendid fellow he was, he used to say "I know, you've been in Sheffield, Leeds, Bradford and Nottingham and never had such a good doctor as myself My fee is five shillings a visit."

### Exceptional Rewards

There are some rewards we shall never see again. Rhazes, the famous physician of Baghdad, received a yearly pension of two

as for example when a doctor, after using the sphygmomanometer, says to the patient, "A nervous man such as you with a blood pressure away up in the paint cards must live quietly" )

### Methods of Remuneration

Most medical salaries were related to what could be an average income from fees in private practice, bearing in mind such things as pension and length of service This was equitable in days of financial security, but is it now? The capitation fee system is sound theoretically, if it were possible to strike the right balance between the numbers and the total reward And perhaps equally important, it is only really suitable for a group of people all very much of the same type

The platform slogan in 1912 was for a "doctor paid to keep us well" And the medical profession need not lose in this method Gibbon wrote in *The Decline and Fall of the Roman Empire*, of the year A D 800 "but the starving physicians of Arabia murmured a complaint that exercise and temperance deprived them of the greater part of their practice" A doctor friend of mine was told by a patient that his services had not been required since he had recommended golf The balance, however, is not a question of the size of the income, it is one between the obvious difficulties of any fee system and the amount of freedom lost in receiving payment from some other source If there were individual difficulties in assessing particular fees, at least there was privacy In the transition stage of a changing world the publicity associated with collective bargaining seemed very distasteful The change has come, however, so that publicity is now a matter of course

The young doctor starting in general practice with the fee system usually began with a minimum of commercial element but sometimes found a few of his patients were treating him unfairly Perhaps they would ask advice over the telephone or use this instrument to put off a visit, which he intended to pay at a convenient time, only to call for one when he was otherwise engaged In a somewhat different connection I remember, when I was a house physician, that my chief told me how he had been down to a London railway terminus, the day before, on the way to see a case for diagnosis in consultation with a general practitioner some fifty miles away Just before the train departed, his footman hurried on to the platform with a telegram which said, "Don't come, it's typhoid" From which the

stood high in the social scale. He did, however, ask her what she thought his own calling might be, to which she replied, a bank clerk. He had not the heart to enlighten her because it seemed as if he would be letting the profession down.

The dictionary describes a reward as requital for good or evil. In the Hammurabi Code of Babylon about 2000 B.C. the number of shekels that a doctor shall receive for an operation is recorded but if the patient die "one shall cut off his hands". Likewise if a slave dies under his hands he shall replace him. Surgeons usually travelled about and did not have a follow-up clinic. We have the modern counterpart in England with a view to damages in which proceedings, for the plaintiff, some members of the medical profession, from the witness box, are a little too ready to dispense wisdom after the event. There is a growing tendency for the general public to act in the spirit of Mrs. Ramsbottom (if you know that classic *Albert and the Lion*) when she said, "Somebody ought to be summonsed".

## Conclusions

A complete scheme, with always something new to learn must be attractive throughout a long medical life, but it is a point of view that does not always appeal to the undergraduate with his examinations to pass. John Hunter is reported to have said his students, "You had better not write down that statement, for very likely I shall think differently next year." We are all students of medicine, before and after we qualify, but I suppose we might make the distinction that, whereas we like to know the answer to a problem in the undergraduate days, our interest when examinations are over is stimulated more by the problem not yet solved.

A good doctor never forgets the value of his undergraduate training. When a group of them come together they talk "shop" by which they profit from the experience of each other. Thomas Beddoes (17[illegible]–[illegible]) suggested "a national bank of medical wealth, where each individual practitioner may deposit his mite of knowledge". Our medical societies have this function and it is also in evidence when two or three doctors are talking medical "shop". When my mind goes back to the cricket bench, I realise that these doctors only brought up the subject of financial rewards because, as a profession, the game was on a sticky wicket.

hundred ass loads of corn as well as some female slaves A Persian monarch in the sixth century rewarded a Greek physician by liberating three thousand slaves Erasmus Darwin (1731-1802) on a professional journey stayed one night in Newmarket He was alarmed by the entry of a stranger to his bedroom, but reassured when the intruder tiptoed to his bed, saying that he came to repay the doctor's kindness to his wife, which had been given gratis It appeared he was a jockey riding the favourite, heavily backed for the next day But he had instructions not to let it win He advised the doctor which horse would win, so that he might back it The tip was a good one, but Dr Darwin never admitted that he took it

It would perhaps be in poor taste to discuss the rewards received occasionally *in the form of legacies, but one might mention the* exceptional bequest made to Sir William Osler by a bibulous old newsvendor in Baltimore Knowing the physician's interest in morbid anatomy, having received advice about the dangers of alcohol and the changes it produced in the liver, and having been given one of the doctor's overcoats, he left a will which read, "I bequeath to my friend William Osler his coat and my hobnailed liver"

Perhaps there was a little more by way of social rewards of dignity (for those who valued such a trifle) before the days of the motor-car There was the importance of the doctor's carriage (You can still *find* "*carriage folk*" *in the Oxford dictionary So of course* "motorists" But in significance, what worlds apart ) It might be just his dog-cart or his horse There was his top hat In *The Diary of a Nobody* (which is still in print) Mr Pooter had a nice estimation of social status in Victorian days In *Eliza's Husband* by Barry Pain (unfortunately no longer obtainable) we have an even better illustration of the values, and who valued them Although neither of these two referred to the medical profession they illustrate the spirit of the times

In the year 1902 a friend of mine, who was a highly qualified house surgeon, went one evening to a dance at a surburban town hall, where the master of ceremonies introduced young lady partners It was all very decorous His partner told him with a touch of pride, [illegible]

[illegible]

honour to the family, because [illegible]

… what she
… ank clerk
… f he would
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It is all very well, in Thackeray's *Vanity Fair*, for little George Osborn's grandfather to say, "Look at me and my banker's account and look at your poor grandfather Sedley and his failure, and yet he was a better man than I was this day twenty-years—a better man, I should say by ten thousand pound" That would not do for a doctor's grandchild Better perhaps the maxim from the Arabian physician Avicenna, who wrote, "Work ever and to each will come the measure of success for which Nature has designed him"

1954

## A PROFESSOR OF POSITIVE HEALTH

A healthy man lives and acts, wakes and sleeps, without being troubled about his body —SIR WILLIAM WITHEY GULL, 1870.

In the first decade of the twentieth century a wave of health propaganda passed over the land Medical men in the Health Department, and others not engaged in practice, gave lectures on medical matters of which they had little personal experience

In 1912 there was a platform slogan for the Lloyd George Insurance Act "A doctor paid to keep us well" There followed an official Health Week, sponsored by the Insurance Committees, with more lectures, and school teachers, at second hand, gave instruction to children, who in turn took it home to their parents In this way the age of disease consciousness became established This was illustrated by a picture in *Punch*

First Woman "I see you were talking to Mrs Brown Did she get on to her internal arrangements?"

Second Woman "Yes, my dear, a perfect organ recital"

Advertisers no longer described their goods as delicious, but extolled some alleged virtue which would do us good

The family doctor, with his wise understanding of the foibles of human nature, looked on with a kindly tolerance But at the same time he felt that the general public were being given the impression that clinicians were being dismissed as "carpenters of surgery and pillmongers in medicine"

It was soon after the first World War that the idea of positive health was born This subject did not lend itself so well to an address from the platform, but it was germinating in the public mind, and it appears to be sound in theory

Recently we may have read a speech by a Minister of Health, faced with an enormous drug bill, suggesting "a more positive approach to health" The same thought was in the mind of a distinguished layman when elected an honorary member of the British Medical Association He asked for "a medical service which does its very best to promote good health" In this year of grace (1956) there is a leading article in the *Lancet* in which we read "if doctors

were not so fully occupied with curative medicine, they could devote more of their time to advising their patients in the broader aspects of health"

Now, if those of us who treat disease were inclined to smile at the health lecture, we must take seriously this idea of a positive approach But what are we going to do about it? Do we know what to advise? Will doctors differ? And of course we must see into the personality of the individual to understand his problem If he brings it to us, we may do the best we can But ought we to seek each individual with intent to teach how health may be achieved?

On many matters of health our views have changed If we have corrected some errors of the past it is all to the good but it illustrates our fallibility Think of the long and sad tale of the alimentary canal In health it should be left to its own devices, but not so long ago the profession was advising interference Perhaps it was a "dinner pill" Thomas Carlyle was out of form in one of his lectures, of which event his wife wrote to a friend (1839), "The short and long of it was that he had neglected to take a pill the day before" I knew one doctor who handed out to his patients, by way of keeping them fit, a dose of magnesium sulphate which he called a "Sunday morning powder" We have changed all that, but it illustrates my theme

Is it our duty to advise on habits? I do not think anyone under thirty years of age should be allowed at a sherry party It is dangerous to get caught with the cigarette habit This sort of thing opens a very wide field and would the medical profession agree about the advice?

We live in an age of planning The spirit of the family doctor, as we knew him, is less in evidence It is obvious that good doctoring of a long list is only possible if the majority keep well I can imagine that someone will endow a Chair of Positive Health A professor will write a textbook To hold a post graduate position in his department we shall need a diploma (one can almost hear Mrs Bennett of *Pride and Prejudice* say ' *What a fine thing for our girls*")

It is not without interest at this stage to reflect how far practising clinicians have failed or succeeded as apostles of health

### Positive Health for the Community

Every Guy's man knows that Sir William Gull guided the Prince of Wales through an attack of typhoid fever in 1871 They should

know that a brilliant young physician, Dr Mahomed, died of this disease In my undergraduate time we saw much of it in the wards The credit for the change goes to the Public Health departments, but the movement for their establishment, with a first M O H in Liverpool in 1847, came from the clinicians In America it was Osler who first aroused the public conscience to the necessity of preventing this and other infections In 1854 when the vestrymen of St. James's London were in session about an epidemic of cholera, it was an independent doctor, not called in, but coming forward, who stopped the spread by advising the removal of the handle of the Broad Street pump In this type of pioneer work, not forgetting Jenner, clinicians have shown much positive approach.

There is less opportunity for their advice in these days, although perhaps they have some collective wisdom worth seeking before a new health scheme is launched. I heard recently an official statement that a medical committee had given a "grudging consent" to some cancer registration scheme I am sure the individuals were no "grudgers" in the ordinary way They were, indeed, just those whom any one of us would consult had we got the disease They were not convinced of its positive worth

We drink chlorinated water, which is reasonable enough in days of air travel It is under consideration that we should all have iodine in our salt lest some of us develop goitre I was under the impression that something of the sort had been tried in Switzerland but that it disposed toward thyrotoxicosis. Broadly speaking there is less scope for clinicians acting as pioneers in such schemes

Richard Nash, the uncrowned King of Bath, in the eighteenth century, ruled that the balls at the Assembly Rooms should begin at six p.m. and end at eleven, because he did not wish the benefits of the waters to be undone by late nights. A generation earlier, Thomas Sydenham wrote "Nothing undermines the forces of nature like late hours"

Now the idea of "a doctor paid to keep us well" naturally makes an appeal to the public The individual considers that it is just what the other fellow needs, but he is going to think again if his own habits come into the picture It is a complicated problem. It is no good telling the public that they cannot have it both ways—there has been an element of this fallacy in so many political dreams

were not so fully occupied with curative medicine, they could devote more of their time to advising their patients in the broader aspects of health"

Now, if those of us who treat disease were inclined to smile at the health lecture, we must take seriously this idea of a positive approach But what are we going to do about it? Do we know what to advise? Will doctors differ? And of course we must see into the personality of the individual to understand his problem If he brings it to us, we may do the best we can But ought we to seek each individual with intent to teach how health may be achieved?

On many matters of health our views have changed If we have corrected some errors of the past it is all to the good but it illustrates our fallibility Think of the long and sad tale of the alimentary canal In health it should be left to its own devices, but not so long ago the profession was advising interference Perhaps it was a "dinner pill' Thomas Carlyle was out of form in one of his lectures, of which event his wife wrote to a friend (1839), ' The short and long of it was that he had neglected to take a pill the day before" I knew one doctor who handed out to his patients, by way of keeping them fit, a dose of magnesium sulphate which he called a ' Sunday morning powder" We have changed all that, but it illustrates my theme

Is it our duty to advise on habits? I do not think anyone under thirty years of age should be allowed at a sherry party It is dangerous to get caught with the cigarette habit This sort of thing opens a very wide field and would the medical profession agree about the advice?

We live in an age of planning The spirit of the family doctor, as we knew him, is less in evidence It is obvious that good doctoring of a long list is only possible if the majority keep well I can imagine that someone will endow a Chair of Positive Health A professor will write a textbook To hold a post graduate position in his department we shall need a diploma (one can almost hear Mrs. *Bennett of Pride and Prejudice say What a fine thing for our girls"*)

It is not without interest at this stage to reflect how far practising clinicians have failed or succeeded as apostles of health

**Positive Health for the Community**

Every Guy's man knows that Sir William Gull guided the Prince of Wales through an attack of typhoid fever in 1871 They should

eat an apple a day or take any other thought for health But of course there must be a job of work to get on with

We are well aware that under a National Health scheme the doctor patient relationship is not quite so personal It does seem reasonable to think, not only that there is need, but that there is more scope for advice on health to the individual With a little more time, could we dispense with some of the prescriptions which are [illegible]

no doctor could have foreseen the condition on the first occasion

It is true that a doctor should be able to teach his patients that advice is often all that is required? But an apostle of positive health should not be critical of the general practitioner unless he has experienced the difficulties of the calling

### A Textbook of Positive Health

As one man in his time plays many parts, the book must be divided into sections

(1) *Mewling in the nurse's arms* Time was when infant care and feeding was handed down from one generation to another, as a kind of folk lore, which at its best was quite good But the best only reached the few, and there is no doubt that the Infant Welfare centres and the written advice from paediatricians have been a conspicuous success It is good that infants and young children should live by rule There is scope for the study of Child Health, but we must not forget to prescribe and supply a restful mother

(2) *With shining morning face* The problem is more complex Rules and regulations are still beneficial but from a health point of view may be relaxed A boy should know where to find his mother, and she should teach him self-control I would leave this as the one prescription for health in boys and girls But do not deny that it is difficult to dispense because it requires the highest qualification of being able to control oneself

(3) *The lover sighing like a furnace* We should hardly call this normal It is not health In fact on one occasion, when I acted as examiner in medicine, we had set a good question about a young man "out of sorts" without any very well-defined symptoms The candidates were asked to discuss the diagnosis and investigation of

There have been many happy useful members of the community whose habits would not have been suitable for the majority Quite apart, however, from individual idiosyncrasies, we must do a little hard thinking before we undertake to give advice wholesale on matters of health

### Health Advice from the Family Doctor

By and large, I think the family doctor, during my lifetime, has succeeded with the individual Not only has he taken his opportunities but he has been aware that a hint at the right time will be accepted, when perhaps a serious talk would only lead to argument You will remember that Mr Pickwick went to prison, "on principle", rather than pay the breach of promise damages This reminded Sam Weller of the "gentleman who killed hisself on principle" *Like so much of Dickens at his best it is a little over drawn*, but the principle is sound The gentleman in question, who did everything on principle, ate four crumpets every night He was taken ill "What's the last thing you devoured?" said the doctor And the patient answered, "Crumpets" Obviously a judicious hint was enough, but as the argument grows and the patient dilates upon the fact that he always eats four crumpets every night, we can see the tragedy unfolding towards the final act, when he eats three shillingsworth of crumpets at one sitting and blows his brains out, "to prove his principle that crumpets is wholesome and that he would not be put upon by nobody" It was bad doctoring You should never argue with a patient The doctor should have treated his patient, and then when saying good bye at his last visit should have just mentioned the fact that crumpets were unwholesome and slipped away, before there was time for a reply The tragedy would have been avoided, and the patient would have been telling his friends that he used to enjoy that article of diet, which was "so filling at the price", but he had decided that crumpets did not suit him and he had the strength of character to give them up

Now, when an important medical journal suggests that doctors should advise on the ' broad aspects of health" is it flippant to quote Sam Weller? I do it in all seriousness—it is a hint at the right time which goes home If this principle is based on a story about crumpets, I would add that a little judicious levity and a sense of humour will promote good health, to such a degree, that a man need scarcely

It is the mind, the character, the sense of humour that is all important. These things should be developed in the course of the daily round without psychological catch phrases or self-centred analysis. In this way lies positive health—found by those who have not taken too much thought in seeking it

(4) *The soldier full of strange oaths* We might translate this into the professional man or business executive The habits are more or less formed The career is on the way, but we may be able to touch on one or two points. He should not be too positive that he is strong After a strenuous day he should relax. He might re-read the books he has enjoyed His legitimate ambitions should be kept in the background, so that he may work hard without looking too far ahead. (Oliver Cromwell said "No one goes so far as he who knows not whither he is going") He should live in day-tight compartments It is in this spirit that a man makes a hundred runs in an important cricket match. Or for that matter wins a golf championship Much that is written by the sports writers misses the point. The slogan should be "Take care of the shots and the score will take care of itself" To relax he requires a hobby, which should, if possible, be of such a nature that he may continue with it when his physical energy is declining

William Cowper, of John Gilpin fame, wrote in a letter "I am often in haste when I have no good reason for being so" This, in the eighteenth century when we had no *sphygmomanometers* and one imagines life went more slowly Nowadays, we meet a man driving to business in the morning at sixty miles an hour, proud of himself and his car It is a bad start to the day To sow hurry reaps vexation and there is plenty of time in the morning for those who breakfast early Reasonably quick work is usually better than slow and sure which, for the alert, only means that the mind will wander Cowper was right, however, in condemning haste without good reason. That is what sends up the blood pressure—getting keyed up before you play your innings

The 'Rush Hour" may be no joke but it sho[illegible] restful whilst conveyed [illegible] or more years ago, to [illegible] train" There were the sa[illegible]e passengers each morning Some catching the train without haste, others always having to run for it, but all, when the carriage doors closed, peacefully reading the paper on the

the problem Only the better candidates thought of the nervous system, for which good marks were awarded My heart was touched by one candidate (I will not reveal the sex) who just wrote the words—"Perhaps the young man was in love"

For a discussion of positive health we may take this stage in life as the time when a youth is setting out on his own responsibility Lord Chesterfield wrote to his adopted son "Take care of your health, there are no pleasures without it" But of course he sent him so much advice on so many subjects, that we should not expect the young man to succeed in life There are things one can learn *but cannot be taught In matters of health, and so many other* things, a youth must buy a little experience for himself

G K Chesterton wrote "What has health to do with care?' Now that is the right spirit, but of course an individual may need warning *not to burn the candle (it was a taper really) at both ends*

When I put on His Majesty's uniform as a captain in the 1914 war and joined a medical officers' mess in France, it was rather like going back to school I found, what I expected, that the most healthy and efficient medical officers were good getters-up in the morning I should be prepared to teach that maxim to a man at the stage when he is forming his own habits He should have time to shave, and bath, and *think* before breakfast, without one eye on the clock However much, in the day, he serves other people, this (shall we say forty five minutes) belongs to him He must of course have a sense of proportion and be prepared occasionally to find that his early morning brain is a little clouded because, perhaps, he celebrated a Burns' night

He can think best before breakfast when he is storing his mind with good literature When I was a small boy I was told by my nursery governess (who was a staunch Liberal) that Mr Gladstone, The Grand Old Man, chewed every mouthful thirty two times and once more for every tooth he had lost (I concluded that he did not *have to hurry off to the cricket pitch lest he should miss his innings)* This excessive zeal for mastication was enough to turn any sensible boy towards the Conservatives But years later, I read one of Mr Gladstone's addresses to undergraduates, in which he said that reading the right books when young would bring a lasting reward throughout life Here, I would say, is one of the finest prescriptions for health

every endeavour to live up to them. But we do not want too much back-chat from the doctor; it is ourselves who must build the personality

(5) *In fair round belly* Now here I think someone has blundered. I am by no means convinced that a routine overhaul would be in the best interests of the individual, but I should be in favour of a man keeping the waistcoat in which he was married (assuming it was not hired) and buttoning it up on each anniversary of his wedding day

We start life as a child and if we live long enough we develop old age but there is no need to be middle-aged in between. To keep the abdominal muscles flat is more important than studying the weighing machine.

One would be inclined to think that a light step goes with a nimble mind—which I think it may But one must admit, there are some very active brains to be found in association with sedentary bodies. The athlete, however, does not wear well if he goes entirely out of training

Some rather self important people have euphemistically called a prominent abdomen "a presence" Perhaps they are descended from a sect of the eleventh century, called the Quietists, of whom Gibbon quotes the maxim "Recline thy beard and chin on thy breast, turn thine eyes and thought towards the middle of the belly, the region of the navel, the seat of the soul"

(6) *The slippered pantaloon.* The golden rule for postponing this stage is to have avoided the fair round belly However that may be, the secret of health at sixty is centred on keeping the brain active and interested At this age a man should keep up the physical activities of which he is capable but should not enter on a task which must be carried through at all hazards, such as rock climbing. On an off day, he must be in a position to rest or turn back, he should not draw upon his last reserves—there may be an inadequate response.

(7) *Sans teeth—sans everything* We need not discuss. His grandchildren will say that he's had it. But one need not be afraid to tell him of the death of a contemporary—he will throw out his chest with pride that he has out lived another

Dr Stokes of Dublin tells of an Irishman, who, in middle life, built his own coffin with this last stage in view A compatriot, who was rather scornful of the idea, remarked "How does he know that he will live long enough to need it?"

twenty-minutes journey There would be an occasional remark "I see Fry has made another century" A little further on, "What do you think of Argentine rails?" And then perhaps, "Old Blank left quite a little fortune". And so the train steamed into the terminus, the papers went into the little bag (there were no brief cases then in business) and the passengers trotted off to something in the City They knew they could not emulate Fry's achievement, but perhaps with a quarter of a century of the same routine they might catch up with Blank It was a peaceful interlude, each morning, when they sat back and looked on at life together while the engine driver did the work On the whole they had not time to think about health, which is one reason why they kept pretty fit

But above all there is one real secret of good health in the successful business man, which is that he should have a sense of humour In some callings it must be very difficult to cultivate this virtue Indeed, it may rise no higher than loud laughter if someone slips on a banana skin or by chance uses the wrong word in a speech No one can define a sense of humour, but it is the spirit, and not the letter, which makes the kind of joke that helps a man not to take himself too seriously The art is to take a humorous view of one's own misfortunes; as in the classical example cited by Barrie, of the cricketer who said he made one run in the first innings but in the second "he was not so successful" When an editor told Arnold Bennett that an article for publication contained nine words too many, one might have thought it would cause vexation The author deleted nine words, however, adding the comment that he would be glad to have them for his next contribution

Chesterton once wrote "If a man harnesses his wagon to a star, the process will have a most satisfactory effect upon the coats of his stomach" It is true that digestion will usually take care of itself if the mind is focused on the right things Not everyone, however, has the natural gifts which enable him to seek the stars Miss Sitwell tells us of her Yorkshire butler, come upon unawares when he was gazing at the night sky, who made the comment "All the same, Miss, I think we will stick to bacon and eggs" Temperaments vary, a headmaster once sent home a school report "Dull but steady—would make a good parent"

Health advice boils down to this, that we should have ideals suitable to our character and circumstances and that we should make

our calligraphy, it was hoped would improve our morals I think they did achieve something There was one, however, to the effect that "Speech is silvern, silence is golden", which was of doubtful value You can tell a direct falsehood with silence But, quite apart from the chances of making hypochondriacs, I could find good reasons why broadcasting medical wisdom is probably rather foolish For doctors over the air I would subscribe to the maxim that silence is golden

By all means let us teach Child Health to the parents Even here we may at times, with advantage, dilute it with a little levity—mothers can be too serious For the parents, for their own health, we should prescribe wisdom. Are we quite positive that we ourselves possess it?

Samuel Johnson explained that the elderly might receive criticism from which the young were exempt For example, he said, if a young man on leaving forgets where he had left his hat, it is considered a joke, but if this befalls an older man, people nod their heads and say "His brain is going"

"Very reasonable", you say, "what right has a man who has been qualified for more than fif[illegible]

I am prepared to claim, however, that in the first half of this century some healthy members of the community have been too concerned about bodily disease and matters of health, to the detriment of their character There is a new danger in the years ahead, to wit, that half baked psychology, with its theories and terminology, may confuse the minds of a number of people.

The best doctors should be students of human nature In which there is much that cannot be explained by any theory, and a good deal that is too subtle to be expressed in those crude written noises, commonly called words.

1956

## Conclusions

Sir George Savage used to say in his lectures—"Definitions are of the devil" I suppose health is a relative term but Sir William Gull gets near the mark with the suggestion that a healthy man is not troubled about his body Herein lies our problem There is such a thing as health consciousness which may be morbid If a man receives too much advice about his body, he may become unduly conscious of it

We should all be eager to have a medical service "which does its very best to promote good health" By curative medicine, so much improved in recent years and by the achievements of modern surgery clinicians need have no doubts about the success of their efforts One of the first patients I saw in consultation was an elderly man who had passed a catheter on himself for ten years Many old men entered on "catheter life" The surgeon may claim a positive achievement here

Those crowded morning and evening surgeries, which so many doctors face, present a well nigh insoluble problem But it is true of course that a little more time to consider each individual would encourage a more positive approach for advice

If, however, the planners mean by positive health that the doctor should seek out the people on his medical list and instruct them when they are not seeking medical advice, I am not at all sure that the results would be beneficial

It is the development of character that is all important, bringing with it self control, thought for other people and a true interest in life A hint at the right opportunity may set the mind in the right direction, but the individual should build up his health and character upon that hint, without taking his anatomy and physiology too seriously

Recently there has been some vexation about the ethics of members of our profession appearing on television The main consideration should be as to whether medical shop or health propaganda over the air is really good for the community

Schoolboys of my generation competed, one against another, in perfecting their handwriting The best bat in the school was a hero, but he who wrote the best hand was not to be despised In class we copied out little proverbs and maxims, which as a by product of

and that Syme of Edinburgh had studied under him, it is doubtful if we could have understood the place in history of these three distinguished surgeons We should need to know something of John Hunter, and how far anatomy had progressed, and how far distant was routine anaesthesia (about 1850, I suppose) and how remote Lister's antiseptic technique When Sir Astley Cooper removed a sebaceous cyst from the head of His Majesty King George the Fourth, he passed several anxious days and nights in fear that erysipelas might develop

Well, looking back, I think these few ideas would have been better value than the remark "a distinguished French surgeon" But because this has been in my mind for more than fifty years, I hope no psychologist will think I need his assistance I am in good company In the *Guyoscope*, 1899 (which journal was honoured with a place in the Bodleian Library), there is a ward round portrayed, in which, at the bedside of a patient with aortic regurgitation, a distinguished physician remarks "Well, Mr Blank, perhaps you can tell us who Corrigan was?" Silence follows, during which Clinical Assistant and House Physician edge away from the crowd In another issue of the same journal there is a picture of two street musicians, with underneath the caption "The Organ of Giraldès and Hesselbach's Triangle" Flippant perhaps, but from such frivolity wisdom might arise I like the story of the student, who applied a bandage so neatly round the hip-joint that it resembled an ear of corn, near enough to justify the name of Spika But when, by the surgeon, invited to explain the origin of this designation, he covered his ignorance with the reply, "after the well known surgeon of that name" I think he deserved full marks for his judicious levity, which perhaps should have made the surgeon blush

With all those eponymous names in the dissecting room we made a bad start. "Who was Fallopius?", if we knew the answer, had little significance unless we knew something of the Italian universities or why they declined When we first met with the *torcular Herophili*, I believe we were told that there was a school of anatomy in Alexandria, about the time of Euclid, in which a good deal of osteology was known This made the dry bones of anatomy a little more alive I think, however, that we preferred to hear this from a teacher, even if he repeated himself occasionally, rather than be asked a question about a man of whom we could have so little knowledge

# EPONYMOUS IMMORTALITY

The iniquity of oblivion blindly scattereth her poppy and deals with the memory of men without distinction to merit of perpetuity
—Sir Thomas Browne

In my undergraduate days (1897-1901) we should have welcomed some elementary lectures on the History of Medicine Something which would give an outline wherein we could fit some famous name It is interesting to read in an editorial of the *Guy's Hospital Gazette* (1954) that the wish still exists and that the want is unfilled

It was the background we needed, to give us a sense of proportion What use would it be in English history to know some details of Perkin Warbeck, if of Cromwell, the Lord Protector, we only knew that his parents named him Oliver? Which had most influence on this island that King John lost his jewels in the Wash or that Julius Caesar landed? In the dissecting room (at which period I was in Manchester) nobody told me which of those two, Poupart of the ligament or Vesalius of the aqueduct, had exercised most influence on the study of anatomy

## I. As it was in 1900

When I was preparing to put those magic letters M R C S after my name, I dropped into a surgical out-patient clinic I was shown a man with fingers contracted by thickening of the palmar fascia When I applied the appropriate label, the surgeon responded "And who was Dupuytren?" I suggested that he might be the surgeon who had described a fracture near the ankle joint, only to receive the rebuke, "But who was he?" (And mind you, I had captained an eleven at both cricket and football, which had brought home the hospital cup ) When I admitted my ignorance I was told that "he was a distinguished French surgeon" One of my fellow students whispered that we could have guessed as much This surgeon was not one of our most distinguished teachers But, in any case, this "who was" question does not get us very far, even when put by a scholar, who could supply a satisfactory answer himself If we had been told that Dupuytren practised and taught in Paris at the beginning of the nineteenth century, when Astley Cooper was in London

As it has been with other prophets, before and since, the disciples of Hippocrates and Galen absorbed the facts and missed the spirit of teaching. Marcus Aurelius wrote his *Meditations* in the Greek language, which illustrates the fact that educated Romans learned philosophy, science and art from Greek sources. The Romans were practical people. If they added little to science, they applied it with skill in military hospitals, hygiene and state medicine. Galen lived at a fortunate time, but succeeding generations, partly influenced by the Church, were inclined to bow to authority. If science was stationary, however, the scribes who kept on copying out the works must receive their due. Few, except the monks, could read or write. Valuable libraries were destroyed, but some medical knowledge was kept in storage in the monasteries until printing was invented and paper prepared to receive it.

If we accept the years from A.D. 450 to the fall of Constantinople in 1453 as the middle ages, there is little to record in the way of progress in medicine. The Greek tradition survived in the Near East, first among the Christians and later with the Arabs. Furthermore, in the Middle Ages, there was *Magna Graecia*—the name of Sicily and Southern Italy when settled by the Greeks. In this thousand years, in spite of the unsettled times, there was some culture in which medicine shared and the monasteries were required to provide an infirmary for the ailing. In the seventh century the Arabians extended their empire all along North Africa and crossed into Spain. They were the only people who conquered part of the Roman Empire, who profited by Greek learning, although they destroyed a good deal. But the Vandals, the Goths, the Huns and the Lombards earned the name of Barbarians. Arabian medicine flourished in the time of the *Thousand and One Nights*. Rhazes (860-932) was chief physician to the Baghdad hospital and Avicenna (980-1037) wrote his famous treatise *The Canon*, which for many years was almost as authoritative as Galen's writings. But Arabian medicine was of Greek origin, including that at Cordova in Spain. They maintained in the Middle Ages a lay medicine, when in the West it was mostly in the hands of the monks.

Returning to *Magna Graecia*, there is the medical school at Salerno, which developed round something of a health resort to which patients were sent. From this school we have the famous *Regimen Sanitatis*, in the thirteenth century, which is composed chiefly of health rules

I should like to hear a lecture which began—"It would be possible to start with the *torcular Herophili* and pass down the human frame to the *tendo Achilles* finding on the way fifty or more structures with an eponymous name I propose, however, to give a brief outline of the origin and progress of our knowledge of human anatomy, from *the earliest times to the present day, only mentioning a few of the* most important names such as Galen, Mondino, Vesalius, Harvey and John Hunter, with one or two others who will be introduced in time and place"

## II. As it might have been in 1900

There might, with advantage, have been a stock lecture on *Medicine and the Map*, given to students in pre-clinical years, but open to seniors as well We might have been told that there is something to be learned about the medicine of prehistoric and primitive man There is more in the earliest civilizations of Egypt, Babylon, India and China But medicine as a science began in Greece, which makes a definite starting point The first records of value come from Hippocrates (450 B C) He was widely travelled but worked mainly in the Greek island of Cos He regarded medicine as a study in natural history Others before him may have observed, but he taught observation and recorded what he found, which is the essence *of clinical medicine That is why he is the Father of Medicine* Scholars may tell us that what we attribute to him is the work of more than one man, but that need not distress us It is the spirit of Greek medicine which we need to understand

Aristotle (b 384 B C) studied biology and other science, and his disciple Theophrastus created the science of botany About the time of Euclid, 300 B C, there was in Alexandria a flourishing medical school

For a grounding in Greek medicine there is only one other name—that of Galen (A D *131-200) Born at Pergamos in Asia Minor, he* links medicine with the Roman Empire in the reign of Marcus Aurelius, who was his friend and patient The empire at this time extended from Babylonia to the North of Britain Galen was a follower of the Hippocratic method, making observations in anatomy, physiology and clinical medicine He took nothing on trust himself, and yet we have the anomaly that his teachings became the law, accepted almost without question right into the sixteenth century

As it has been with other prophets, before and since, the disciples of Hippocrates and Galen absorbed the facts and missed the spirit of teaching. Marcus Aurelius wrote his *Meditations* in the Greek language, which illustrates the fact that educated Romans learned philosophy, science and art from Greek sources The Romans were practical people If they added little to science, they applied it with skill in military hospitals, hygiene and state medicine Galen lived at a fortunate time, but succeeding generations, partly influenced by the Church, were inclined to bow to authority If science was stationary, however, the scribes who kept on copying out the works must receive their due Few, except the monks, could read or write Valuable libraries were destroyed, but some medical knowledge was kept in storage in the monasteries until printing was invented and paper prepared to receive it

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for the layman We find here lay medicine coming again in the West Next come Montepellier in the south of France, Paris, and in northern Italy Padua and Bologna These were the leading medical schools when the Renaissance came The discovery of the New World widened the horizon, lessening the importance of the Italian cities With the Renaissance came the advantage of Greek thought, recorded in the Latin language and made available in German print We may conclude that in a prosperous nation medicine will flourish. Following the Elizabethan Age we find William Harvey, who did so much for physiology, who can be dated by the fact that he was a friend of Charles the First. Also for English medicine there is Sydenham ("the English Hippocrates"), who had been one of Cromwell's soldiers The former studied at Padua and the latter visited Montpellier

In the seventeenth century the Dutch were our rivals on the sea, so that it is in keeping that there should be a famous school at Leyden, where we need the name of Boerhaave And so we come to the eighteenth century with Edinburgh, London and Vienna—the last named flourishing about 1750, when Austria held sway from the Near East to Flanders and over much of Italy For a hundred years this was the leading medical school on the continent of Europe In the nineteenth century with Paris, Vienna Edinburgh and London all progressing, we have in the earlier part Dublin and later Berlin At this time the American schools were coming forward, to reach their peak, of course, in the twentieth century Gradually with medical journalism and scientific associations medical science was becoming international

It is a long way from the island of Cos to the Mayo Clinic in Rochester, U S A There is little enough in this sketch, but we should have appreciated it in my undergraduate days We could have understood that Linacre, the founder of the Royal College of Physicians in 1518, took the opportunity of translating into Latin the works of Hippocrates and Galen which were dispersed when the Turks took Constantinople These were more reliable than those copied and recopied in the monasteries We could understand the significance of Harvey's education at Padua If we have some idea of this outline of the leading medical centres down the ages, we can pick up a history of medicine and read any chapter that may take our fancy Or if we look up a name it will fit with time and place—as for example the first well known in this country, Gilbert the

Englishman (1165-1230) who, quite naturally, was educated at Salerno

This sort of lecture may sound dull enough—almost as dry as the Mouse's recital about Edwin and Morcar by the side of the pool made by Alice's tears But odd bits could be interpolated without loss of proportion. For example, in the days of the *Arabian Nights* measles was known to Rhazes, who attributed the rash to the "ebullition of the bile", but it was not until 1896 that Koplik in New York spotted the fact that it is preceded by an eruption on the buccal mucous membrane

We had so much to learn in the way of present-day facts and theories that we dared not be interested in discarded doctrines. It would have been enough for us to hear that the arteries gained their name because they were believed to contain air or that the word disaster had connection with astrology This lecture, *Medicine and the Map*, might have been delivered once or twice a year, with the same outline but treated from a different aspect Anatomy would make a good beginning Osteology in Alexandria, Galen dissecting animals only, Mondino (1270-1326) at Bologna reading from Galen whilst an assistant dissected a human subject, and eventually Vesalius (1514-64) at Padua doing the dissection himself and recording what he found As the need for subjects for dissection grew there was scope in the eighteenth century for the Body Snatchers (sometimes used to obtain autopsies), culminating in the murders by Burke and Hare, producing a publicity which did much to bring about the Anatomy Act of 1832

On other occasions clinical observation, surgical technique or the theories of aetiology and morbid anatomy might be followed through By a series of stories it would be interesting to show that, while science progresses, human nature is unchanged. For example Galen was so successful in practice in Rome that the local physicians opposed him In 1559 John Geynes was cited before the Royal College of Physicians for impugning the infallibility of Galen Guy Patin (1601 72) of Paris declared that Harvey's explanation of the circulation of the blood was "paradoxical, useless, false, impossible, absurd and harmful" Malpighi (1628 94) for discovering the capillaries, which Harvey had f

colleagues because

the ancients (The

"Every real thought on every real subject, knocks the wind out of somebody or another")

Particularly, I like the story of Nicolas Tulp (1593-1674) of Amsterdam, immortalized in Rembrandt's picture *The Anatomist* He said that "the writing of medical books in the vulgar tongue would increase both real and imaginary diseases" There is history in this anecdote We have medicine, side by side with art, flourishing in Holland in the seventeenth century There is the point that a "dead" language is only available to scholars; and it lives because it does not change *Any general practitioner today could tell us that* some of the prophecy is amply fulfilled through the modern daily press

I think we should have wished for a second lecture which might have been called *"Progress since the days of William Harvey"* Rather a vast undertaking, but sometimes it might have been concerned with clinical medicine bringing in the date of Auenbrugger's *Percussion (1761) and the Stethoscope of Laennec (1819)* We should know then which physicians had the benefit of these methods of examination—although percussion did not become customary till fifty years after its first description The *morbid* anatomists might be discussed beginning with Morgagni (1682-1771) Bright (1789-1858) tested the urine by boiling in a teaspoon over a candle Clifford Allbutt (1836-1926) introduced a suitable clinical thermometer Koch discovered the tubercle bacillus in 1882 Roentgen discovered the rays in 1895, but it was not until the nineteen twenties that diagnostic radiology developed in what is called *"internal medicine" These data and others of a similar nature* are what we needed to understand physicians such as Addison, Trousseau and Charcot

*In 1905, when I was a medical registrar and wore a top-hat, we* had no sphygmomanometer in the wards, although some physicians were beginning to use the instrument in private consulting work The electrocardiograph—but this is going beyond my theme *I am* not presuming to teach the needs of a present-day undergraduate (we are all students of medicine) There is a volume entitled *If I had my time again*, in which twenty distinguished people discuss this problem *I only remember one*, humble and wise, who stressed the question of missed opportunities in his education Whether or no it was our own fault I am not prepared to say, but my generation

of medical undergraduates missed the opportunity of getting a historical background to the great names of the past As a medical ward-clerk my first patient was suffering from Thyrotoxicosis—we called it Exophthalmic Goitre, or Graves' Disease, or Basedow's Disease (both physicians were, I believe, anticipated by Dr Parry of Bath). There was Stellwag's sign and von Graefe's Where would these eponymous names end? Like the clinical assistant and the house-physician of the *Guyoscope* scene, I edged away from them But if I had my time again I should welcome lectures—just one or two a year, repeated regularly with variations—that would enable me to say whether Sydenham had a clinical thermometer, or Harvey a stethoscope, or Bright a sphygmomanometer, or Charcot the use of X rays What was surgery like before the days of anaesthesia? And is it true that a surgeon, with one sweep of his knife, amputated a limb, two fingers of his assistant and the coat tails of a colleague looking on?

Sir Henry Howse, as a young man, went to Edinburgh to study Lister s antiseptic technique On his return to Guy's he brought a carbolic spray which I saw still in use when he was Senior Surgeon It was the old story of the faithful disciple because Lister, by this time, had discarded this part of his routine Sir William Arbuthnot Lane was the prophet of asepsis He had not the advantage of rubber gloves, during my undergraduate days, but by use of special forceps he kept his fingers out of the wound He would say to his ward-clerks, "I wonder why surgeons are so afraid of sepsis? My cases never suppurate" And they never did Of course we all know that Pasteur's work on fermentation taught Lister (about 1865) that sepsis was the result of infection from without Who was the better disciple of this teaching? The man who persevered with an out moded antiseptic technique or he who understood the spirit so well that he could rely on asepsis?

Sir Samuel Wilks (1824-1911) thought that Addison's name should have lived *on* account of his brilliant teaching, rather than on his description of a morbid entity You may say that the eponym will bring his name before succeeding generations, who may be told about the man Which is true. But there is something a little incongruous about eponymous immortality, which may be the result of an important discovery, or come about through a point, a pill or a powder, or perhaps from a button (who was Murphy?), a syringe (who was

Higginson?) or a pair of forceps, no, not "who was Lane?' And yet Sir William Arbuthnot himself might not have been surprised to find this trifling memorial to his fame He once told a student preparing for the final F R C S to remember that it was an examination in old wives' tales Of course a lecture on the progress of medicine during the last two hundred years might be based on the physicians and surgeons of Guy's Hospital

There is an interesting little book of *Notable Names in Medicine*, chosen for their eponymity, of which there are some eighty in number By studying this volume one could make quite a good answer to the question "Who was Dupuytren?' which is interesting enough, although it might be wise for a teacher using this book to say whence he obtained the facts, just in case there was one of those queer students about who might produce the volume from his own pocket But in this list of eponyms we do not find the name of William Harvey, of John Hunter or of Joseph Lister, all three of whom should be friends of ours, or at least acquaintances, before we are introduced to Dupuytren

Was our curriculum full? I suppose so, but there is always time for something really interesting If, however, it had been our privilege to have these lectures, I should still maintain there is neither profit nor encouragement from the remark "Well, Mr Blank, perhaps you can tell us who Corrigan was?" It was a gift of one of the greatest teachers of all time—Sir William Osler—that he could tell us something about any great man of the past which just caught the spirit of the time He was kind enough not to ask questions unsuited to our mental shop, but helped to furnish it with period pieces

1954

# THE ACT OF DYING

With what strift and pains we come into the world we remember not, but 'tis commonly found no easie matter to get out of it
—Sir Thomas Browne

When a young doctor has been in practice for a comparatively short time he will be forming well-defined views about infants entering the world, but towards the end of a long professional life he may find it no easy matter to sum up his conclusions concerning the act of leaving it. For which reason death is a subject that may appropriately claim our attention.

Familiar to most of us is Thackeray's picture of Colonel Newcome dying within sound of the old school bell, and as it tolls for evening roll-call his last word is "Adsum" Or in a more recent novel, *Good-bye Mr Chips*, the apparently unconscious dying schoolmaster catches some remark, that it is a pity he had no children, and he exclaims with a faint chuckle "Yes I have Thousands of 'em—and all boys" These two simple stories seem to fit in with the spirit in which the individuals had lived In real life the relatives would value such a remembrance In *Rab and His Friends* the thoughts of the old woman, who had braved surgery before the days of anaesthesia, turned in her last hours towards the child she had lost many years previously These are natural scenes, but there are obvious reasons why such endings are unusual

If, for example, from history, we consider some "last words", they depend so largely upon the type of death Nelson, about three hours after being wounded, died after saying "Thank God I have done my duty!" Napoleon, with a mind wandering at the end of an exhausting illness, was heard to mutter something about "tête d'armée" And Wellington, aged eighty-three, had only time to say, "I feel very ill, send for the apothecary", before he became unconscious In the case of Gladstone there are no recorded last words because he drifted into a state of coma lasting for a week

Such pictures as these, from fiction or history, may be in the minds of the relatives, and to think of them may guide the doctor in his advice We may remember the medical bulletin, over the air "The

King's life is moving peacefully towards its close" But the nature of the illness will not always permit of anything so clear and dignified

Some messages suggest a certain degree of physical resignation Samuel Johnson said, "I would give one of these legs for a year more of life, I mean comfortable life, not such as I now suffer" There is Sir William Osler's remark "I have been too far across the river to go back and have it all over again" Every doctor knows that William Hunter said "If I had strength to hold a pen I would write how easy and pleasant a thing it is to die"

### The Nature of the Last Illness

Apart from the prognosis of the natural history of the disease, a doctor must be able to foretell something of the state of mind in the last hours If death due to natural causes may occur soon after birth, or be postponed to the age of ninety years or more, it would be a long story to discuss every aspect, but it may be possible to consider those which chiefly concern the medical profession In young people, in middle life or in the majority who die in hospital, there is, in the nature of the case, a struggle for recovery, hope until quite near the end, occupation with active treatment, and a fatal event likely to come without many days of warning, or with a clouded brain. The degree of consciousness towards the end varies with the disease Drowsiness may pass to actual coma, of which a hint may have come some time previously in the form of Cheyne Stokes respiration In congestive heart failure the more urgent distress may diminish as death approaches It is characteristic of respiratory conditions that the patient suffers much less than the onlookers might suppose—unless there is obstruction high up which demands relief Steadily progressing hypostatic congestion makes for a peaceful end

Perhaps the most distressing deaths occur in acute abdominal conditions, when treatment has failed There is extreme prostration, with a mind that is clear, and there is risk of vomiting or other distressing symptoms In discussing death as an event there is the difficult decision as to when all hope of recovery should be abandoned There is a tendency in hospital, sometimes, to carry on with treatment which is no longer beneficial In this connection, he is a fortunate resident medical officer who can obtain the kindly advice of a wise, experienced ward sister

The medical aspects of sudden death, coming without warning,

are few. One can only bring comfort to the bereaved by the usual statement that there has been no suffering and the distress of a lingering illness avoided. It is not possible to formulate any rules as general guidance about telling an individual, or his relatives, that there is risk of a sudden fatal seizure. Each case—to use that hackneyed phrase—must be judged on its merits. I would suggest, however, that the doctor should only have regard for these merits, which may be medical, psychological or social, and he should not think too much about his own reputation. I remember one cautious, pessimistic doctor, who warned relatives about the possibility of sudden death in most of his elderly patients. They might have been trees in a forest with a ring round them, indicating they would be cut down. In the event, quite a number outlived the doctor

### What the Doctor can bring to the Relatives

When there is no longer any hope of recovery, but plans have been made for nursing and relief of symptoms, there is an art in allowing the relatives to take charge, while the doctor recedes into a more secondary position. He must, however, have gained such confidence that there will be no catching at straws, or chasing false philosophies, which only lead to distress. We shall assume that it is agreed that everything possible has been done. With the situation accepted that someone is in the hands of Providence or nature, it is surprising how much assistance the doctor may give, mostly by his reassuring personality. The question may be raised whether a man should be told he is going to die, although this situation may arise some little time before the expected event. Perhaps a wife has found it rather a strain to hear him talking of the future. In most cases we shall find that he has a fairly shrewd idea. He may have noticed that the more serious attempts at treatment are dropping off. He has probably picked up a hint from the doctor's words or looks. At the back of his mind, he realizes that humanly speaking his life is coming to an end; he suspects that he is just building castles in the air—and why not?—to some extent he has done it all his life. To have the admitted truth accepted by all around makes his situation uncomfortable. It is along these lines that the relatives should be advised.

They may ask about fear. More usually perhaps a son or daughter will have a dread that their father will be afraid. The practitioner may

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going to die? The stage of any curative treatment is past, and so far as possible display should be avoided Nature will take its course, and doctor and patient should be their natural selves To a direct question from an individual as to whether recovery is possible, the best answer is something rather evasive, to the effect that there is no very special treatment, but we must rely on nature We should encourage a condition of mental relaxation, for which endeavour it may be wise to talk of things primitive and universal, such as a childhood or school-day reminiscence, a cloud effect through the window, or some holiday picture in the room—even if it is nothing more exciting than a photograph of Southend-on Sea He is a poor doctor who cannot find a thought suitable for the occasion

It would be presumptuous, and scarcely a medical problem, to discuss philosophies and belief Benjamin Franklin, when his brother died, wrote "It is the will of God and nature that these mortal bodies be laid aside when the soul enters into real life". In contrast there is a long letter from Thomas Huxley to Charles Kingsley, examining the "mischievous and delusive" arguments for immortality We usually deal with simpler folk than Huxley If a strange philosophy is expounded, perhaps the doctor may find some comfort in the idea that words are only noises and have no actual meaning in themselves Very few people really believe that they will go out like a candle, and experience teaches us that the vast majority with a clear brain make a dignified and not unhappy ending Of course, personal circumstances have considerable influence on the state of mind To have made some provision for dependants is a comfort. When Captain Scott and his companions died in the Antarctic, his letter of farewell, found with the bodies, made an appeal for their dependants, to which, as we know, there was a generous response Galsworthy depicts Old Jolyon Forsyte thinking about the day he got back from school just in time to find his mother dying with a clear brain. The story is true to nature, but fortunately the circumstances are rare, because a mother must feel that no one can take her place

There are some who die, more or less resigned but distressed to think that they had work not yet completed At the age of forty-nine, the last words of Cecil Rhodes were "So little done—so much to do" Future historians will speculate as to whether his vision of a world power of the English-speaking peoples could or would have prevented major wars

here be most reassuring, whatever his philosophy or belief It is true that very occasionally, perhaps sometimes in an alcoholic, death is a miserable scene Those people, however, who have let it be known *through their active life—of whom Samuel Johnson is an example—* that they were afraid to think about dying, have not recoiled from the event Or the relatives may seek advice about some last message There is the problem of being at hand Or the use of sedatives may be criticized in this connection It is true that in a death from uncomplicated old age, the individual may light up for a few minutes at the finish, but it is likely to be just a simple good bye

The best medical advice, as a rule, is to the effect that the relatives have said good-bye in stages, they have seen the best of their patient They should not try to call back a mind that is peacefully wandering, or discourage a sedative for an over-active brain If there are words, the meaning of which it is not easy to comprehend, we should be content to leave them obscure—it may be just a dream The phrase "death agony" is ill chosen In the ordinary way dying should be peaceful, or be relieved into quietude by sedatives Best of all there should be a good nurse The doctor is rarely present himself The correct attitude is to have been near at hand without intruding and *to surrender his charge to the nurse in the last hours*

Occasionally the relatives will talk to the doctor, afterwards, about some form of spiritualism This was in evidence in the 1914 war, encouraged by Sir Oliver Lodge, whose son had been killed A few who have sought for messages have found some comfort, but to most it has only been distressing It has seemed to me that what has purported to come at a seance or through a medium has been such trivial twaddle, *it should have been clear that it was in no way related* to the spirit of the life and mind of the deceased But it is not the business of the medical profession to close the door on any honest seeking for the truth If we reflect how, during some period of anxiety, we sometimes rather suddenly come to a decision which proves to be the right one, or if occasionally we wonder what prompted some happy idea, it is not beyond the bounds of possibility that we do get some inspiration *from having our minds in sympathy* with someone who has died

**Doctor and Patient**

What is the relation between the doctor and a patient who is

vehemence of the arguments, of the moral or ethical aspects, have blinded some members of the medical profession to the fact that it would prove to be an undertaking beyond our capacity

We cannot choose our last words We might miss our cue, or be in the predicament described by Mark Twain of the French duellist, lying on his back more frightened than hurt, who could not remember his prearranged dying declamation

One old friend of mine, whose task was done, chose for his own funeral service *Abide with Me*, *Crossing the Bar* and Chopin's Funeral March Big funerals in a city are rather grim, but this ceremony was more ideal in a village church far from the madding crowd

Sir Thomas Browne says "Every man is not a proper Champion for Truth, nor fit to take up the Gauntlet in the cause of Verity" This is no place to dispute with Thomas Huxley about "delusive arguments" for immortality But we can reflect about what might remain in this world It is an idea compatible with any life worth leading, but perhaps in this respect the medical profession is favourably placed The highlights of the profession, from Hippocrates to William Osler, have all left a spirit living in this world Those medical men and women, who have done no more than exchange ideas and work loyally with colleagues, need not trouble about their ashes being scattered, for some of their spirit will survive

1948

## The Seamy Side of Death

Members of the medical profession may be associated with such tragic deaths that it is a subject which they would wish to treat with dignity and kindliness They are aware, however, that sometimes the event may be surrounded by trivialities, false sentiment, avarice or callousness *The Ingoldsby Legends* were written by a parson. Perhaps in his profession he had witnessed scenes which led him to write with such frivolity the tale which begins "The Lady Rohesia lay on her death-bed", or in that masterpiece of rhyme, *The Knight and the Lady*, allowed her ladyship to make the suggestion "to pop Sir Thomas again in the pond"

In legal circles there is the story of the heir to a large estate, who was so disgusted with the law's delay that he exclaimed he almost wished his father had not died

Occasionally the doctor may have a duty towards someone who has nursed the deceased devotedly for a long period Whether a relative or faithful retainer, the strain may lead to some morbid state of mind, so that the doctor may have a duty by way of mental rehabilitation, lest a sense of false sentiment develop

There is the problem of a promise made to someone dying It is well to die trusting that the right thing will be done, perhaps with a simple request, but there may be want of generosity in exacting a promise Who knows how circumstances may alter, or social conditions change? So that a situation might arise which brought an unreasonable burden

> *"So be my passing! My task accomplished and the long day done"*—W E Henley

Many years ago a wise old country woman was going home from hospital to a Derbyshire village where there were two doctors She was very insistent to be told whether she was going to recover In which event she would choose one doctor, but she would rather die under the care of the other We should all like to choose our own doctor to see us out of the world and should wish to know that he himself came of his own free will and not to a task allotted

A more practical concern may be to have home comforts, a good nurse and a short illness to avoid being a burden Most important of all not to linger on with a brain that has failed

Voluntary Euthanasia is a plausible suggestion Perhaps the

disease

## The Influence of the Mind in Causation of Disease

This covers a wide field and, although there may be some emotional element in the personality, the clinical picture is essentially a somatic one The medical care is chiefly concerned with the body Except, of course, in relation to prevention of relapse, or possibly in the initial stages, judicious advice may limit the disease. Peptic ulcer is a good illustration of this problem and so also is asthma. Osler made the dictum that "when stocks go down on the Exchange diabetes goes up" I have met this in relation to business anxiety That diabetes was less in evidence during the last war was due to the limitations of diet.

Heberden, nearly two hundred years ago, said that angina was increased by disturbance of the mind It is reasonable sometimes to conclude that an emotional upset has lowered resistance to such an extent that an acute infection has developed Which may apply to the common cold With an insidious infection such as early phthisis there may be more of a psychosomatic picture until the physical condition is revealed. It is common knowledge that if a young man is mistakenly told there is disease of the heart he will develop symptoms of discomfort on exertion.

These features in the etiology of disease have never been lost sight of The few examples cited will serve as illustrations from the experience of us all It is not for such problems that the psychosomatic label was designed but they are of so great importance in the *mind* and *body* relation that they cannot be excluded.

## Psychosomatic Clinical Pictures

There can be *no definite dividing line* but ... the patients with o... origin. The picture ...

... we should try to decide which was *first* in origin a question which at first may seem almost as insoluble as whether the owl comes from the egg or vice versa

THE influence of the mind over bodily function and disorder was of course known to the Greeks Galen had a lady under his care whose pulse was disturbed whenever the name of a particular actor was mentioned The distinguished physicians of the Victorian period had a clear understanding of the conditions which we now call psychosomatic, although they probably gained more experience in this field in their private practice than in hospital They were less specialized than their successors and as a matter of course took the patient as a whole for diagnosis and treatment

### Reaction to Over-Specialization

With the increase of specialists, seemingly sometimes to divide the patient's body into separate parts, with the hospital consultant concentrating on diagnosis, and for this requiring reports from special departments, the personality of the patient tended to receive less consideration Some physicians would not see or examine their patients in a hospital or clinic until all the reports were available

It was a reaction from this attitude of mind which led to the coining of the portmanteau word psychosomatic, which became familiar to most of us some twenty years ago It is, of course, a new label for a well known old idea indeed for something which an older generation took as a matter of course It is a sound conception more easy to define in meaning than in scope

If we accept the full significance of the term—that is, mind+body in disease—it would cover the whole range of medical science A disturbed mind may bring on bodily disease, body and mind may participate, producing a psychosomatic clinical picture, and some structural lesions of the brain may present the picture of a disordered mind Furthermore, with the variations of human personalities, one patient with an organic lesion may be mentally quite stable, whereas another with a similar condition is disturbed

For this article I would divide the discussion under two headings (1) The influence of the mind in causation of disease, and (2) psychosomatic clinical pictures This division has some value in the approach

readily rely on a doctor who takes the trouble to understand As the patient's confidence returns the doctor must retire into the background, so that self reliance may develop

There are some conditions, such as thyrotoxicosis or other endocrine disorders, in which a well-defined physical disease may produce a characteristic influence on the personality but the indications are for somatic treatment. By contrast there is anxiety neurosis, which in the early stages may have shown little evidence of bodily disturbance, although headache is common and want of sleep One can only suggest that each case must be treated on its merits Of which the most important consideration is that we are not dealing with a "case" but with a human personality with all the possibilities of failure which we ourselves possess

That complex but common problem of organic disease being masked by functional symptoms and a disturbed mind must make us watchful, but we must not submit our psychosomatic patients to endless investigations because of this bogy at the back of our minds

These patients are liable to misinterpret a medical statement, sometimes perhaps rather wilfully To understand this is part of psychosomatic medicine, in which treatment is based very largely on the doctor patient relationship

## Psychosomatic Research

There is a field for investigation in social medicine by study of society from the point of view of emotion, anxiety and the proper use of leisure Health itself is psychosomatic and more illness is caused by social maladjustments than by smog At the present time in the social world some old values that have stood the test of time may require recapture

Research is being carried out on the tissue changes which result from prolonged anxiety There is also a movement afoot to obtain better definitions in these disorders It is a scientific approach, but the vagaries of human personality are too subtle to be defined in words We must not take the life and vitality out of the doctor's personality by tying him down to rigid definitions

## The Psychosomatic Aspect of Therapeutics

The influence on the mind of some therapeutic agent will vary with the constitutional make up of the patient This applies to a favourite

Two typical examples would be a functional disorder of the colon or a skin condition of the dermatitis type We learn much about the personality of the patient when taking the history. To recognize exaggeration of statement is easy, but it may be necessary to observe a more deep-seated anxiety, not easily described but written in the countenance

When we decide upon a line of treatment, which began by showing an interest in the story, it is necessary to bring some comfort to the body before we attempt to rebuild the unstable personality If possible, I think we should work a little by intuition from our knowledge of human nature and look towards the future rather than the past We can suggest that we have seen these things before, there is a long life ahead, recovery will come and let us both, doctor and patient, have a bravely cheerful outlook

These conditions are a very real anxiety to the relatives Every doctor knows those questions "Is there anything organically wrong with my sister?" or "What really is the matter with my husband?" There can be no rules, but it is of the utmost importance that the answer should be suitable for the occasion It should never be made in a hurry, or over the telephone, or "out of school" It is a human problem of three personalities that of the patient, the relative and the doctor For all will be needed courage and optimism Physical investigations, if indicated, should be definite, brief and to the point

There is a group of people, commonly met with in private practice, in whom the nervous system was not originally unduly sensitive but, by virtue of their circumstances, strain and anxiety have come in. As examples, there is the man in a business who has ambitions to progress, or perhaps an artisan with political enthusiasms These people tend to suffer from indigestion, lack of concentration, sleeplessness with inability to rest out of working hours, usually expressed by the words 'they cannot relax" It is in this type of psychosomatic case that the family doctor can achieve so much Help can only come, however, through a real understanding of the mental outlook good in itself no doubt, but lacking in proportion The doctor must have an insight and comprehension that may go deeper than that of the relatives

In women mental strain and anxiety may produce similar symptoms, with perhaps a tendency to palpitation The anxieties tend to be less selfish and more concerned with others But women more

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prescription, a bottle of medicine or a proprietary article Every doctor could provide examples, including a favourite spa or some other display of treatment In assessing the beneficial result of a surgical operation, such as valvotomy, the influence on the mind must not be lost sight of

## Conclusions

The increasing rate of the advancement of scientific knowledge of bodily disorders, and the achievements of modern therapeutics, make the present time opportune for a discussion of psychosomatic disease In a symposium from a number of contributors there will be facts and points of view which will set us thinking for ourselves An introductory article should consider the spirit of the subject

Good doctors have always taken care of both the mind and the body of their patients The clinician needs to exercise wisdom in bringing the latest medical science to the bedside for the benefit of the bodily disorder, but the personal or psychic side is part of the study of human nature, which may have changed little since the days of Galen To understand the personality or constitutional make-up of our patients is more in the realm of art It is learned by experience, which begins with sympathy and understanding, rather than with theory and preconceived ideas It is based on the humility which comes from knowing our own fallibilities Much may be learned by observing good clinicians at work, but didactic teaching may destroy some of the spirit George Fox, who founded the Quakers, said, "It is our labour to bring all men to their own teacher in themselves"

It may be unfortunate scientifically, but in practice it is common sense which will help our patients, if we study their personalities in thought rather than in words The time is not yet come—and possibly it never may—when the whole of medical practice is based on exact science

In undergraduate days, much of human nature during sickness will have been revealed by hospital patients A student to whom this aspect of his work makes an appeal will find, in general practice, paediatrics or as a physician, full scope for his talents in psychosomatic medicine, which is not a speciality but is a concept of essential value to a doctor who takes the patient as a whole

1956

# THE VALUE OF FICTION IN MEDICAL EDUCATION

"The author who has enlarged the knowledge of human nature."—
Samuel Johnson's opinion of Richardson, the novelist

It is recorded that Thomas Sydenham (1624-89), when asked what a medical man should read, responded, "*Don Quixote*, which is a very good book, I read it still" One would suppose that he wished to teach the lesson that authoritative works, such as those of Hippocrates, Galen and Avicenna, were a poor substitute for actual study of disease at the bedside

The seventeenth century was a time when freedom of thought was in the air The Pilgrim Fathers had crossed the Atlantic to gain freedom in religion Sydenham himself had been one of Cromwell's soldiers, George Fox, with his Society of Friends, was preaching up and down the country, in and out of gaol It was only exceptional people who thought for themselves, but there was a general movement towards freedom of belief

In the sixteenth century John Geynes had been cited before the Royal College of Physicians for saying that he did not believe in the infallibility of Galen—and he apologized and recanted In spite of the fact that Vesalius (1514-64) had studied anatomy by dissecting the human cadaver for himself and that William Harvey in 1628 published his account of the circulation of the blood, the grip of medical authority [illegible]
not repealed [illegible]
of Medicine [illegible]
and Galen.

Sydenham's studies of the natural history of disease were enough to justify his being called the English Hippocrates. Which title, writes Lady Mary Montagu from Padua in 1758, the Italians gave him. He wrote "It is my nature to think, where others read" His remark about Don Quixote is in keeping with the spirit of his teaching, but it is hardly probable that he expected such a saying to live after him This must apply, however, to many other traditional remarks, such as Pope Gregory's "Non Angli sed Angeli" or Charles

prescription, a bottle of medicine or a proprietary article Every doctor could provide examples, including a favourite spa or some other display of treatment In assessing the beneficial result of a surgical operation, such as valvotomy, the influence on the mind must not be lost sight of

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will react to life in general We see that while we study our patients that they return the compliment by studying us—a situation which I think the psychologist may sometimes overlook "Mine is a long and sad tale," said the Mouse, in *Alice in Wonderland* The clinician knows the importance of a clear concise history, he must hear the tale, but dock it like other tails if need be, rather than let it grow longer and sadder with the telling

How much of true character study is there in *The Adventures of Don Quixote*? The novel is over long and rather tedious in places, but it was published about three hundred and fifty years ago In fact the author, as a young man, helped to prepare the Invincible Armada. First there is Quixote himself He suffers from the delusion that he is a Knight Errant, which leads him to tilt at a windmill or attack a flock of sheep in good faith that it is his duty He would be certifiable today But his mental derangement is in keeping with the natural history of such disorders, because when he dismounts from his mental hobby horse his sayings are full of a kindly, shrewd wisdom At the time when his squire, Sancho Panza, was setting off to be the governor of an isle the knight gave him judicious advice, such as the following

"Walk leisurely and speak with deliberation, but not so as to seem to be listening to yourself, for all affectation is bad"

"Be temperate in drinking, remembering that excess of wine keeps neither a secret nor a promise"

"Take care, Sancho, not to chew on both sides of your mouth, nor to eruct in anyone's presence"

Sancho Panza himself had a common sense wisdom mixed up with his veneration for the knight He claimed that if they were to be ready for battles they must be well nourished, "since guts carry the heart and not the heart guts" In which dictum he anticipates Napoleon. He liked good food but not delicacies which he said "would wrench his stomach off its hinges" He remarked, "God bless the inventor of sleep" Dickens describes a character who claimed to have an excellent memory but admitted that it did not often work Sancho said that he had so good a memory that there would not be a better, if it were not that he forgot everything he wished to remember The human nature described in him will help us to understand ourselves and our patients. Trotting about on his donkey he was a kindly, cheerful optimist, but like other people, had moods

the Second's "I am afraid, gentlemen, I am an unconscionable time a-dying". Mr. Punch recently touched on this question of what words or incidents will live, with a picture of King Alfred looking chagrined as an irate female shakes her fist at him, while His Majesty mutters "All this fuss about a few cakes that will be forgotten in a day or two".

Sometimes words are spoken deliberately by a teacher to drive home a lesson, although he would not have so written his idea And the words survive because they are quoted I hope the Guy's tradition still retains the picture which my generation knew, of Sir George Savage opening his course of lectures on disorders of the mind with the words "Gentlemen, there is no such thing as insanity"

It is not without interest to speculate as to whether Sydenham found more virtue in *The Adventures of Don Quixote* than merely the negative one that it was not a medical treatise Fiction has the advantage that it does not go out of date It may describe the manners of a period or it may illustrate the fact that human nature does not change The fiction which lives is that which is true in these connections Now Don Quixote was mad, the author says so It came about because he read books of knight errantry and had 'the belief that all the fanciful stuff he had read was true" Cervantes in his prologue states that his aim is to destroy 'the authority and influence which books of chivalry have in the world" His book has lived because the characters are true to human nature But the rubbish which the author says Don Quixote had read is all forgotten

The safest guide that any book is capable of teaching human nature is that it has survived to another generation The story may be fantastically impossible, like *The Wrong Box*, by Stevenson and Lloyd Osbourne But the instruction is there with such characters as Michael Finsbury, a delightful companion for some adventure, and his Uncle Joseph, who is the perfect bore, a mine of information of no interest to anyone except himself When he obtained a lift in a carrier's cart he said to the driver "Do you know how often the word whip occurs in the Old Testament? One hundred and (if I remember exactly) forty-seven times "

It is a good thing to take a course in psychology if one can digest it But all of us who practise clinical medicine go to a school of human nature We learn to understand our fellows and to know how they

will react to life in general We see that while we study our patients that they return the compliment by studying us—a situation which I think the psychologist may sometimes overlook. "Mine is a long and sad tale," said the Mouse, in *Alice in Wonderland* The clinician knows the importance of a clear concise history, he must hear the tale, but dock it like other tails if need be, rather than let it grow longer and sadder with the telling.

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of depression, in one of which he said, "For everyone is as God made him, and often a good deal worse"

His wife, Teresa, in these days, might be considered a little old-fashioned *Although one should remember that an old fashion may have more vitality in the long run than something new, which, for the time being, has taken its place* She says that an honest woman and a broken leg are best at *home* (*She was speaking, of course,* before the days of orthopaedic departments) She has the gift, which was also common in Victorian women, of keeping the men-folk to essentials When Sancho was expecting to rise in the world, so that he was thinking his daughter might marry a count, Teresa discouraged his ambitions She pointed out that the bridegroom would have another look at the girl and her parents, when he might see that she was only a peasant Teresa reminded him of the proverb "*Take your neighbour's son, wipe his nose and bring him home*" Adding the comment "You bring the money, Sancho, and leave marrying her to me" *In fact she is the picture of a competent wife* and mother, such as my generation knew in Victorian days *It would* be stretching it rather far to suggest that Cervantes' novel could be of use in modern *Marriage Guidance. But there is something* about Teresa She did not require a course of instruction Life had taught her and she knew As the discussion proceeded, she accepted the burden that women must obey their husbands, even if they were dolts At which point she dissolved into tears, when it is probable that her arguments soaked into Sancho, and Teresa would gain the day The conversations between this husband and wife contain many lessons in elementary psychology, which is the art of good fiction

There may be those who would not regard Teresa as the perfect life companion She belongs, however, to a reliable type Sancho *would know where he was with her and where to find her* The children would know just how far they could go She said that a good day's work was the best holiday for an honest girl When it was a case of all hands to the dairy or the hay field, Teresa must have been in her element And a young senorita could not plead that she was studying for the Higher School Certificate

In life you may meet some man who has risen in the social scale It would seem *perhaps that his wife has not kept pace with him* He may feel, and even say, that such is the case *Behind the scenes,* however, it may be possible to recognize that the wife has been

gaining wisdom as her life progresses, while the husband may have gone down in character during his upward social trend A wife may notice that a man who has joined the big-wigs is not really one of them. She thinks rather wistfully of the capable youth whom she married So it might be with Sancho Teresa was a corrective When the fine fellow was trotting about on his ass enjoying the reflected glory of Don Quixote's limelight, his wife said "Bring your money, good husband, I don't care how you gained it, for however you got it, you won't have started up a new custom in the world" But Sancho might have returned the compliment about not starting a new custom, if he could have quoted from Chaucer's *Canterbury Tales*, the Wife of Bath (Coghill's translation), "A knowing wife, if she is worth her salt, can always prove her husband is at fault"

At the end of the book we find Don Quixote in his last illness was tended with affectionate care by his niece and his housekeeper When he died he was mourned by the faithful Sancho In conclusion we read—' However, his niece ate, his housekeeper drank and Sancho Panza was cheerful, for legacies tend to dull or moderate in the inheriter the grief that nature claims for the deceased"

So much for some of the human nature depicted in *The Adventures of Don Quixote* But how about the word it gives to the language? The expression a quixotic action" is usually intended to convey some element of devotion regardless of material personal interests—foolish perhaps but worthy of respect. But our hero carried out his exploits under the influence of a delusion Why was it "quixotic" to attack a flock of sheep? Even if the knight errant thought it was an army, the author is poking fun at books of chivalry with enchantments, challenges and loves He has no respect for them The word, however, is well established It is too late to suggest that, in a sense, it was falsely coined

If we leave character study and digress into detective novels we may gain lessons in observation—but very rarely in the modern "Thriller" or *Who Done it?*" High in the list, giving lessons in observation, comes *Tales of Mystery and Imagination* by Edgar Allan Poe *Sherlock Holmes* uttered many shrewd sayings applicable to clinical medicine "I see no more than you, but I have trained myself to notice what I see" "You see but you do not observe" Or again "You did not know where to look and so you missed all that was important" Nothing could be better, and yet some o

what he saw, or the conclusions drawn, are rather less intriguing Even in the nineteenth century Dr Watson, because he had returned to active medical practice, need not have smelled of iodoform or had a black mark of nitrate of silver on his forefinger Nor, I should have thought, six cuts on his shoe where a careless maid-servant had scraped off some mud

Likewise the conclusions drawn in *The Blue Carbuncle* from a bowler hat which had seen better days are almost too good to be true—but of course the event proved them correct If you or I, however, took it for granted that because a hat was too big for our heads it must belong to someone highly intellectual, it is more than probable that we should discover that the owner suffered from Paget's disease or hydrocephalus Poor Old Watson—he would swallow anything What a joy he must have been to his fellows in his undergraduate days But it is all part of the fun and instruction in the stories Work in the medical and surgical wards provides enough pitfalls for those who jump to conclusions

Chesterton's *Father Brown* avoids such sensational methods In *The Mirror of the Magistrate* he came into a house to find a big looking glass broken, a palm tree knocked over with the pot smashed all over the floor In describing the scene he remarked 'Somehow, it looked to me as if something had happened' I will not spoil the story by telling how he solved the problem, but I like the spirit of his caution He is a corrective for those who make unwarrantable assumptions He knew that people tell you what they think you wish to hear He would be a good guide in the difficult art of obtaining an accurate clinical history

It is a waste of time to read the wrong kind of fiction Sir William Osler spoke of doctors who got the habit of novel reading There is so much good literature and so little time The wrong sort of novel, when I left school, was usually about racing or a cattle ranch with some very sensational love making Edgar Wallace was a great improvement on these stories But I do not know about the new novels with so much sex, which presumably appeals to the Mr Hyde, which is in most of us and not the better nature of Henry Jekyll If they may be true to some sorts of life, perhaps the less said about it the better A good corrective for such stuff would be to read the last section of Stevenson's fable which is a beautiful piece of prose giving Henry Jekyll's statement of the case

If we return to the study of human nature as depicted in the best novels, there is no end of it. Nor can we expect all to agree I am fond of the *Forsyte Saga*, whereas a friend of mine told me he had never met such people One of the characters in *Don Quixote* says "It is the greatest of all impossibilities to write a book that will satisfy and please every reader" Many people have their favourite novel, which perhaps may be the one first read at the right time and age

Some characters live through many volumes, for example, Mrs Proudie, wife of the Bishop of Barchester, who tended to out stay her welcome Anthony Trollope, one day in his club, heard two members discussing his novels, one of whom said he was sick and tired of Mrs Proudie Trollope introduced himself saying he would go home and kill her—which promise he performed

Drawing from life may get a novelist into trouble There is the story of Meredith when the *Egoist* was published, and of how a young friend complained that Sir Willoughby Patterne was a picture of himself To which the novelist replied that he was a picture of us all. One woman novelist, admitting that she drew from life, said she always pulped her acquaintances before she served them up

If it be true that good novels help us to study human nature, would it be possible to set examination papers from them, or perhaps hold a debate for which we might have such *problems* as the following to discuss

1 Do you believe that the young ladies described by Jane Austen and the modern girl have much in common? Give your reasons. (Women candidates need not attempt this question)

2. When Mrs Bardell so promptly misunderstood Mr Pickwick's innocent remarks and fell into his arms, do you consider that she was a designing female or is it possible she swooned from the emotion of wishful thinking? In what way, if any, was Mr Pickwick to blame?

3 In Thackeray's *Vanity Fair*, of the four men who made love to Becky Sharpe—George Osborn, Sir Pitt Crawley, Lord Steyne or Rawden Crawley—for which of them would she have been a suitable wife?

4 How long can a general practitioner go his rounds without meeting Mrs. Gummidge (from *David Copperfield*) with her plaint, "I feel it more than other people"?

5 If the critics have called Thackeray cynical, would you consider this charge refuted by the scene described of *Colonel Newcome's* death?

6 If a maiden lady in *Cranford* rolled a ball under the bed, so that its appearance the other side would exclude a hidden burglar, do you think she would have been less courageous than ourselves in an air-raid?

7 Do you know any better books on Child Psychology than *Alice in Wonderland* or than *The Golden Age* by Kenneth Grahame?

8 In *Through the Looking-Glass*, after Alice lifted the White King on to the table, we read "The horror of that moment", said the King, "I shall never forget" "You will if you don't make a memorandum of it," said the Queen Discuss the significance of this for the psycho-analyst

9 The hero of George Eliot's novel *Adam Bede* believed that "God helps them as helps themselves" was a text out of the Bible Mr Wilkins Micawber in *David Copperfield* was always waiting for something to turn up For each of these two, give a description of their probable (*a*) general physique, (*b*) facial expression, (*c*) gait, (*d*) blood pressure and (*e*) expectation of life

Now, in the seventeenth century the choice of fiction was more limited than today It is possible to draw a distinction between novels in which the grip of the plot is the main attraction and those in which the interest comes from character study and life's problems and ironies For the former I would suggest that a busy man should take these exciting tales in small doses at rarer intervals in the form of short stories, dismissed at a sitting They may be considered as a holiday from (not an escape, mark you!) more serious study, whereas the classical novel of Jane Austen, Dickens, Thackeray, Galsworthy or whomsoever you may choose can be read with a book-mark slowly progressing through the chapters, as a companion to professional reading However, it would be a poor compliment to suggest that these masterpieces do not occasionally keep us up late for the sake of the tale But we re-read them for the sake of the characters There is no hurry to read the new novels, it is best to give them time to mature or die The safest choice is of one which has lived and the test of its value to ourselves, that it sets us thinking about the characters when we lay the book aside and we feel we should wish to read it again some day It is only dull folk and superior people—

types frequently combined—who tell you they cannot read a book more than once

Modern historians have a way of robbing us of our cherished beliefs, telling us, perhaps, that Cromwell never said "Take away that bauble" or denying that the Duke of Wellington gave the order "Up Guards and at 'em" How can they tell? Perhaps Sydenham never mentioned *Don Quixote*, but the tradition lives because it is in keeping with his teaching that medical knowledge is gained by personal observation rather than from books

I sho ld not care to [illegible]

[illegible]

[illegible] theless, is a pioneer of that company of novelists who have helped to enlarge the knowledge of human nature His hero perhaps is not so important in this respect but might be regarded as a warning Not that we need a caution against anything so daft as tilting at a windmill Not that we should have so much prudence that we could not be quixotic But a warning lest we waste our time, and let our minds deteriorate by reading the wrong kind of fiction

1951

IT was in the eighteenth century *that "taking the waters" was most* in fashion The idea of "taking a holiday" was first in evidence about the middle of that century The spas were neglected in the first half of the nineteenth century but towards the latter part were *much in vogue, particularly those on the Continent, where a course* of treatment was called "taking a cure"

From the time of Charles the Second until the first World War, waters, holidays and cures were intermingled While patients improved in health, both they and their relatives obtained amusement and change of scene Lord Chesterfield in 1756, writing from Bath, concludes a letter, "Adieu! I am going to the ball, to save my eyes from reading and my mind from thinking" From the same city Jane Austen, in 1801, begins a letter to her sister, "When my uncle went to take his second glass of water, I walked with him" Which suggests a peaceful scene They may have had some inkling that Bonaparte, the First Consul, was becoming a danger to Europe, but by no stretch of imagination could the uncle have believed that the demure young lady to whom he was an escort would be famous for generations to come

### *Taking the Waters*

We know that the Romans frequented Bath and other English spas, but in the main because of this inhospitable climate The mineral springs at Spa in Belgium were discovered in 1326 and by the eighteenth century it had become a fashionable resort Buxton was visited by famous Elizabethans, including the Earls of Essex and Leicester, and by Mary Queen of Scots The accommodation was at that time in advance of anything to be obtained at Bath In the seventeenth century the English spas were frequented before the Civil War, and Royalty visited Tunbridge Wells on medical advice

After the Restoration, we hear from Samuel Pepys (1663) that the King and Queen went to Bath Two years later we learn of Lady Sandwich at Tunbridge Wells, that "drinking the water did almost kill her before she could, with most violent physique, get it out of her body again" When Pepys himself was at Bath a few years later,

he thought it was not clean for so many bodies to be together in the same water It seems strange that he should cavil at this, because the day before he bathed there is the entry, "Our beds good but lousy, which did make us merry"

In the time of Charles the Second came the pursuit of pleasure, as a reaction against former days of Puritan austerity The spirit was ripe for the great days of Bath which were to come, but spa accommodation was poor, as is recorded by a lady writing from Knaresborough Spa (now Harrogate) in 1665, where she finds the sulphur waters as bad as can be imagined but more pleasant than the company or the lodgings.

Travelling facilities were poor John Dryden (suffering from gravel) and a friend were advised to take the waters of Bath, but decided to drink them at home to try the effect, so that if the benefit was less than promised "we will save ourselves the pains of going thither"

To drink the waters at home was a regular practice Dean Swift, in 1708, had a "Cholic" in Dublin, but with "a little physic and the Spa and Bath waters, escaped without other hardship" Four years later in London, when suffering from giddiness, he "drank Spa waters these two or three days, but they do not pass and make me very giddy" A few days later he writes that he has given them up because they have caused swelling of the legs Within a fortnight there is complete disillusionment with the statement—"I have given away all my Spa water"

Change of scene and habits, by a sojourn at some spa, were really more important. Horace Walpole, writing in 1766, said that it did ten times more good to leave Bath than to go to it, but he added, "My health is certainly mended but I did not feel the satisfaction of it till I got home"

It would appear that the doctors put too much faith in the actual drinking of these waters by countenancing the use of them at home Blind faith in any medical remedy is dangerous to the doctor's reputation. If Lady Sandwich was ill while taking the waters, it was only natural to assume that they were the cause The Victorian general practitioner, in whose bottle of medicine the public found such a virtue, discovered, if things went wrong, that occasional unjust criticism may be the price that doctors pay for having claimed some former credit which their remedies scarcely deserved

It was in 1703 that Queen Anne was at Bath and the city was

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It was in 1703 that Queen Anne was at Bath and the city was

frequented by people of distinction The first master of the ceremonies allowed smoking in the rooms and other forms of boorish behaviour, but when Richard Nash succeeded all was changed He taught good manners, broke down social exclusiveness and organized amusements Some of his rules seem rather foolish, but the English were an uncouth people in whom the manners learned at Bath improved the tone in London But acquaintance made at the spa was not always recognized on return to the metropolis

Before his time the amenities were rural, but the spas were the only places of general resort outside London and the country houses Under Nash's management at Bath and Tunbridge Wells there was a holiday society, with lectures and balls ending at eleven o'clock, so that invalids should not suffer fatigue There was much gambling, of which Oliver Goldsmith tells us that, whereas formerly foreign cardsharpers having spent the winter in London and the spring in Aix, Spa or the Hague, they would now come to Bath A percentage of the profits found its way into Nash's pocket, although he was never accused of being unfair himself One of Steele's essays in the *Tatler* of 1709 is on *Sharpers at Bath*, in which he warns the unwary Eventually in 1745 gambling was suppressed by law

Bath, however, catered for more intellectual people, with reading rooms and by 1740 provided one of the first circulating libraries There were charitable objects as well Nash on one occasion passed round the hat for a poor clergyman's invalid wife In a more substantial way, with Dr Oliver (after whom the biscuit is named) he collected money to found the hospital

He was instrumental in putting up statues to do honour to distinguished royal patrons who had benefited by treatment, which was a judicious mixture of compliment and local advertising Gradually his position as uncrowned king deteriorated and Goldsmith tells us that "he pursued trifles and therefore his mind shrunk" When he was a poor old man of eighty, however, he retained some spirit; for when his doctor criticized his habit of going to bed after a heavy meal, like the brutes who lay down when the stomach was full, Nash responded "Very true and this prescription I had from my neighbour's cow, who is a better physician than you" He lived for eighty-seven years I do not know what up-to-date geriatricians believe, but to me it has always seemed reasonable, when called in to an octogenarian, to meet him in consultation on himself

Of the specific complaints for which spa waters were prescribed we hear most of gout, rheumatism and gravel The standard regimen was regular bathing, and three glasses of the waters three times a day

Tobias Smollett, as we know, was a doctor Retiring from the Navy, he did not succeed in practice either in London or in Bath, but found his vocation as a novelist. In *The Expedition of Humphrey Clinker* we have the account of a tour, in the latter part of the eighteenth century, which took in most of the English spas The squire (Matthew Bramble), in charge of the party, is commonly believed to express Smollett's own views At the Hot Well at Bristol there was no society Bath had deteriorated in the last thirty years, the company were upstarts of fortune But his niece finds it lively and his nephew speaks highly of the company The Squire complains in writing to his doctor, that there are too many invalids for it to be healthy Bath is a "stew pot of idleness" At Harrowgate (spelt with a "w" in those days) the young people enjoyed the gaiety, finding the company more sociable than at Bath, but the Squire considered the waters very unpleasant and believed that sea water, internally and externally, would have been just as beneficial And so they came to Scarborough—both a spa and a seaside resort. An interesting feature was the new bathing machine, taken into the sea by a horse—a machine which survived until the twentieth century At Buxton the Squire did not much relish the company or the accommodation Perhaps both had deteriorated since the days of Mary Queen of Scots Running through the whole expedition is a study of philosophical disillusionment of age

The "sea water cure" is worthy of special notice because it paved the way for the seaside holiday As early as 1702, Sir John Floyer advised sea bathing Scarborough being a spa close to the sea was in fashion early It was recommended to women anxious to have a child. What the evidence may have been one does not know, but perhaps the bracing air may have benefited the male partner It was Dr Richard Russell, in 1750, who popularized sea water, both internally and externally Indeed he was known as "Sea water Russell" Other more distinguished physicians encouraged the regimen. And eventually Dr Lettsom founded the Royal Seabathing Hospital at Margate in 1791 Where, if we like high-sounding names, Thalassotherapy and Heliotherapy were practised. It was a notable achievement.

It was natural that novelists should portray life at the spas Fanny Burney, in *Evelina*, gives a picture of Bristol Hot Wells In reading Jane Austen's private correspondence from Bath, one concludes that she was quietly observant without putting on paper the wit she saved for her novels Although on one occasion she wrote, "Mr B seems nothing more than a tall young man"

The great days of the English spas were coming to an end When Mr Pickwick was at Bath (c 1830) the élite are no longer there Although seen through his spectacles, or Sam Weller's eyes, the company might seem a little queer For more than a hundred years, however, the spas had provided change of scene and entertainment unobtainable elsewhere

It was a sound principle to combine treatment of physical ailments with judicious entertainment Like nearly all our basic principles in medicine, the idea was known to the Greeks At Epidaurus, not only is there the temple where healing took place, but there is a stadium for games and a theatre with perfect acoustic properties just round the corner

## Taking a Holiday

It was in the middle of the eighteenth century that the annual holiday away from home came into fashion Formerly there had been tournaments and Saints' days For the rich there was the Grand Tour in which all the countries and courts of Europe might be visited, but Switzerland was not included In England the sea was becoming popular and when the Prince of Wales was at Brighton in 1783, Society followed to the detriment of Bath

Travel had begun with the Crusaders and with the pilgrimage to a shrine Roads were bad in the seventeenth and early eighteenth century The Great North Road from Newark to Wetherby severely jolted Smollett There were highwaymen to fear The mail-coach, which was faster than the old stage-coach, began in 1784 The heroine of Jane Austen's novel, *Emma*, living some fifteen miles south of London, at the age of nineteen had never visited the sea The subject came up for discussion because a London physician had prescribed a seaside holiday for some little nephews and nieces The family doctor was dubious about the wisdom of this adventure The grandfather said his only visit to the sea had nearly killed him

By about 1800 Scarborough was advertised as a resort for children

—the virtues of air and sunshine were recognized, so that "waters" sank to a lower level.

Wordsworth wrote a guide to the Lake District in 1810, in which he described the ascent of Scafell Pikes It reads like a high adventure, with a guide. But many of us have wandered up with our children And a few—perhaps very few—with our children's children When a track becomes well beaten it makes things easier And this applies in science Ruskin had travelled sufficiently to be able to make comparison between the Lake Country and Switzerland

The public in general only awaited transport. The pleasure steamboat in the eighteen twenties made Margate and Ramsgate popular, but it is of interest that as late as 1842, when Charles Dickens went to America by steam ship he had an unpleasant crossing, so that he described these boats as "a most damnable invention" and returned by sailing-ship

In the eighteen forties, railway travel was becoming general Thomas Cook, the pioneer of travel agency, made his first venture by taking a party by rail from Leicester to a temperance demonstration in Loughborough. His real opportunity came in organizing railway trips to the Great Exhibition in Hyde Park in 1851

It was in the census of 1861 that, for the first time, there was an excess of urban over rural population, so that holiday resorts such as Blackpool and Morecambe needed developing, with the natural sequence that lodgings, landladies and ozone became pantomime jokes.

The link between the invalid and the holiday maker is close First in evidence at the spas, we find the relationship again when the Swiss mountain air was recommended for consumption in mid-nineteenth century, which encouraged the tourist to follow Edward Whymper, after several failures, conquered the Matterhorn in 1865 As all the world knows, the tragedy of the descent might have been avoided if mountaineering had not become so popular that there were less experienced members of his party

With good facilities for travel, holidays in this country or abroad were easily arranged. It only remained to develop the ideas of entertainment initiated at Bath by Richard Nash Pleasure piers, which had been built at Margate and Brighton some years previously, now multiplied Dance Halls arose in imitation of the Assembly Rooms. The Nigger Minstrels gave their show—advertised as "Half

an hour's fun without any vulgarity", and the Pierrot Troupe sang "I do like to be beside the seaside"

In the last decade of the nineteenth century the bicycle holiday was popular, at which time hotels and steep hills were marked with the sign of the Cyclists Touring Club

Eventually there came the luxury cruise with organized games and entertainments and the less luxurious motor coach tour The winter sports centres recognized the value of instructors and badges For those who are sometimes called the masses we have Butlin's Holiday Camps, where the exclusiveness which Nash discouraged is non existent

### Taking a Cure

In one of Galsworthy's stories, dealing with the period about 1880, James Forsyte says ' I can't hear you They tell me I ought to take a cure There's always a cure wanted for something Emily had a cure " It was at this time that foreign spas, such as Carlsbad and Homberg, were in fashion with prosperous Victorians They could travel in Europe without difficulty

In the English spas treatment was becoming scientific, the spa physicians were making additions to medical knowledge, which was no doubt the case at many foreign spas

But, particularly with reference to the latter, a prosperous Victorian wished to discuss with a medical adviser the merits of some Continental spa and share with him in choosing one which in the waters, the air and the society would be the most salubrious If the Prince of Wales favoured the resort so much the better, for in those days Britannia ruled the waves

Although no doubt the Harley Street physician took a grain of salt with his belief in these waters, he might be doing a good job of work in sending patients to the right spa, where the whole regimen would be beneficial to someone needing change from important responsible work, and quite probably from a too luxurious dinner table Mr Punch, who has been kind to the medical profession, could poke fun at their foibles There was a picture called "Gilding the Pill" in which the doctor says—'My dear Madam, strange as it may seem to you, it is necessary to treat anyone with your sensitive nervous system just as if it were a case of over-eating"

Some people thought too little about keeping fit The city man

had not yet discovered the golf course So that the quiet restricted regimen of a spa would be beneficial For those who were unduly interested in their health, to take a cure was a harmless proceeding The modern counterpart of the latter will sometimes go annually to a clinic for investigation

[illegible] that [illegible]

same, I remember it caused rather a flutter in the medical students of my time when a question was set on Natural Mineral Waters in an examination for a higher degree

My contemporaries decided that mineral waters would not come again in our time, so we never crammed the subject It was all to be found in *Allbutt's System of Medicine* (1896) Twenty five pages are devoted to natural mineral waters It seems there are eight varieties Forty spas, mostly foreign, are analysed, recording the altitude and the temperature and composition of the waters It would be tedious to enumerate the long list of diseases noted in the textbook Gout, which some Victorians viewed with family pride, heads the list There were many conditions included under irregular gout, then come obesity, rheumatism, and, towards the end, such ill-defined entities as "abdominal venosity" and "chronic congestion of the womb" But one should not be flippant about an old fashioned diagnosis—unless one has lived through the days Sir Arthur Hurst once wrote an article entitled "A Touch of Liver", at a time when we might have thought that the expression was as dead as a door nail, like Mr Scrooge's partner

The fashionable days for taking a cure abroad were from about 1880 to the 1914 war I was examining a candidate for life insurance in this year of 1950 We none of us like forms, because we have to ask or answer other people's questions I was instructed to put the question "Were you ever ordered abroad for your health?" It seemed in rather poor taste on this occas on because the examinee had been three and a half years in a prisoner of war camp in Germany But in any event it seems rather out of date

Towards the end of the nineteenth century it was chiefly the elderly who frequented the English spas Unless there was cricket, tennis or golf for the younger generation, the old people must go alone A niece in these days expected something more attractive—

perhaps a bicycle ride—and would not be content to walk with her uncle, who perhaps required a stick, when he went for his second glass of water

There were a few good hydropathic establishments with baths and waters on the premises, but as a rule not able to compete with a good hotel near the baths And gradually the name Hydro was used for any sort of hotel, where all sorts of people mixed, with perhaps a rather less exclusiveness than there might have been at Bath and possibly a little more than at a Butlin's Camp

Spa treatment today is associated with modern methods of physiotherapy Balneology has become Physical Medicine, which is of a nature too scientific to permit the use of the expression "taking a cure"

A modern course of spa treatment, however, seen through a patient's eyes, is described with inimitable charm by Mr Bernard Darwin in "The Cure", which is one of his essays in that delightful volume, *Every Idle Dream* He has learned, with Horace Walpole, that the benefit comes after he has gone home No more is the gambling, flirting and intrigue of eighteenth-century spas In his words, "nobody comes to this haunt of peace purely for fun" He catches the right spirit of restfulness when he explains that there is a passive existence in which the patient does nothing and other people do things to him

I can remember when my hospital out-patients first obtained the benefit of a physiotherapy department It was an improvement on the old bottle of liniment Yet there was something wanting There was a danger that they drifted away from the variety of the main stream of patients I could have wished in this back-water that we could have provided a stimulus comparable with the Prince of Wales at Homberg, the Assembly Rooms at Bath or the theatre at Epidaurus

1950

# THE BODY-SNATCHERS

> Don't go to weep upon my grave
> And think that there I be,
> They haven't left an atom there
> Of my anatomie
>
> *Mary's Ghost* THOMAS HOOD

IT was during the period of twenty years in which Thomas Hood was publishing his poems that the Anatomy Act was passed in 1832, and the Body Snatchers went out of business. One of Hood's last ballads, *The Song of the Shirt*, which appeared in the Christmas number of *Punch* in 1843, shook the equanimity of the better educated classes throughout the land with regard to the miserable penury of the seamstress. He could, however, make game of, and exercise his gifts as a punster on, body snatching in the poems of *Mary's Ghost* and of *Jack Hall*, in the latter of which he refers to "a sack to carry the bodies off in", to complete the rhyme with the words 'a very short fit of coffin'.

What did our great great grandparents really think of the Resurrectionists? In the main they knew little about them, although in 1711 there was an outcry because Greyfriars churchyard in Edinburgh was robbed, and in 1725 the windows of Dr Monro's (the first of that name) anatomical establishment in Edinburgh were broken by way of protest. It may have been that our forefathers did not take these desecrations very seriously when it was somebody else's grave and not one of their own family. There is a record of a London medical student finding the body of his niece in the dissecting room. She had died a natural death and been buried recently. It is not surprising that he was very upset. And yet this must have set him thinking.

## Early Anatomy

The demand grew up for this gruesome trade of supply when the student of medicine himself needed the experience of dissection. This need was long in coming. The Greeks and Arabians, who were the only scientific medical men before the Renaissance, had a superstitious reverence for the dead which discountenanced dissec-

tion A little may have been practised in the Alexandrian school (300 B C), but Galen in the second century A D learned anatomy from animals In the Middle Ages human dissection was inderdicted by the Pope, although eventually sanctioned by Benedict XIV in Bologna It was in this city that Mondino (1275-1326) is credited with being *the first authentic human dissector He read from Galen* while an assistant did the practical work Not many bodies were required, but there is a record that some students were prosecuted for robbing a grave

The study of human anatomy, of course, really commenced with Vesalius (1514-64), professor of surgery and anatomy at Padua, because he demonstrated the truth that anatomy could only be learned by personal dissection He picked up bones in the grave yards, once stole a skeleton from a gibbet and did a little body-snatching with his students

But in the sixteenth century dissections were not common One student at the famous medical school of Montpellier during a period of five years only witnessed eleven He tells of three dangerous expeditions to the cemeteries In the British Isles the bodies of criminals were granted to the surgeons in the sixteenth century, and for an Oxford student to graduate in medicine it was obligatory to have witnessed two anatomies In the seventeenth century the only genuine medical examination was by the Royal College of Physicians

### The Eighteenth Century

The real demand for anatomical "subjects" came in the eighteenth century, with the rise of the medical school in Edinburgh (inspired by the example of the Dutch School at Leyden) and the anatomy schools in London *Particularly towards the end of the century*, and in the early years of the nineteenth, there were not enough criminals executed to provide for the needs of the growing number of students

Apart from the bodies of criminals executed, which were officially sent to the anatomists, there were two ways in which they were obtained surreptitiously, *either in a few cases by stealing a corpse* before burial or more commonly by opening the grave of someone recently interred The fact that an anatomical "subject" might be one that obviously *had not been buried is a reason*, although not altogether an excuse, for those who accepted for dissection bodies

of people who had been murdered, without realizing that they were the results of crime.

Except in one London hospital it was unusual to obtain a subject for dissection from the hospital dead house. And in this institution, eventually, the chaplain said he would no longer read the funeral service over a coffin full of stones. The professional resurrectionist would sometimes buy a body from the undertaker and sell it at a profit, or would pose as a relative and claim one at a workhouse. One enterprising body-snatcher saw a man die in the street and claimed him as a cousin.

The Resurrectionists in London were naturally a rough and dissipated lot, but they were highly skilled. The most expert could rob a grave and repair it to the last detail of decoration with flower or sea-shell. If a particular body was required for an autopsy it could be obtained. Of this, Sir Astley Cooper informed the Royal Commission. The Resurrectionists were on good terms with the most distinguished surgeons, such as John Hunter and Sir Astley, who would help the dependents if need arose on account of fine or imprisonment.

## A Flourishing Trade

In the early nineteenth century, when the trade was at its height, one of the most famous body-snatchers in London was an Irishman named Murphy. Another well known was Ben Crouch, son of the carpenter at Guy's, who led a gang of four. Murphy is credited with having obtained a hundred pounds for one night's work. A rival is said to have collected twenty three bodies in four nights and another three hundred and forty nine bodies in two years. As a sideline it was lucrative to collect teeth—even to go so far as Continental battlefields—to sell to the dentists. Murphy one night invaded a vault and came away with enough teeth to give him a profit of sixty pounds. One of these worthies seems to have been quite exceptional in the fact that he was thrifty, for he left a fortune of six thousand pounds to his dependants.

It was a dangerous trade. Fights would take place between rival gangs or assault come from a hostile crowd—from which one resurrectionist died. On the whole the law did not intervene frequently. Watchmen and sextons, in many instances, were receiving fees from the body-snatchers. The body itself was no one's property.

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The murders committed by Burke and Hare in Edinburgh were between Christmas 1827 and October 1828 The victims were taken to Dr Knox's anatomy school Neither of these two was a resurrectionist It was almost by chance that they entered into crime Hare kept a lodging house and when one of the inmates died owing him four pounds, either he or Burke conceived the idea that the body might be sold to Professor Monro (third of that name) at the university Not knowing the ropes, they were loitering about outside the building at night when they made contact with a young man, who suggested that they should go round to Dr Knox's school For the body of this lodger they received seven pounds ten shillings It seemed such an easy way to obtain money that these two enterprising Irishmen, in the short space of ten months, were able to bring fifteen more anatomical "subjects", all murdered by enticing the victims to Hare's lodging house, plying them with drink and then smothering them with a pillow All at Hare's establishment, that is except the last, which is why discovery came In this case Burke brought to his house a woman he claimed as a relative He had at the time a married couple named Gray living with him, whom he persuaded to stay away for a night so that his "relative" could have accommodation Hare was sent for and the victim smothered that night, but left in the house next day And the situation is explained by Burke's statement in prison that "the murders never would have been discovered had Gray not found the body among the straw" He might have added that conviction would not have followed if Gray had accepted the bribe that was offered instead of going to the police, who went with him to Dr Knox's premises, where the woman was identified.

Neither Hare's wife, nor the woman who lived with Burke, were ever present at a murder, but of course they knew all about this lucrative trade—in fact it was one of them who first suggested a bribe to Gray, hinting at future payments.

Burke could work as a cobbler, and the fact that a respectable married couple should be in the house suggests that he appeared to be of reasonably good repute. Of which there is the further evidence that one of his victims was a drunken woman being escorted by two policemen in the street, whom Burke claimed as an acquaintance, and was allowed to take ostensibly home, but in fact to Hare's lodging house

Burke and Hare were themselves primed with drink when they

so that it was only a misdemeanour to extract it, but to steal the grave-clothes might be a felony meriting transportation Probably a watch by the relatives was the only safeguard Iron cages over the graves or iron coffins could not deter the experts

In Edinburgh the professional resurrectionists were active, but there were numerous body-snatching expeditions by doctors and students into the country around One of the students died from injuries received from a trap gun placed on the grave as a protection, and the fatality was accounted for as suicide That cemeteries were haunted by the ghosts of the departed was a belief widely held, which tended to leave the coast clear for the body snatchers in country districts

To go out upon such an expedition on a moonless night must have been an exciting adventure The picture—with a little melodrama added—is described by R L Stevenson in his story *The Body-Snatcher*

Near each hospital or anatomy school in London there would be a house of call where the body could be deposited Occasionally it might be left with a medical student who could convey it by hackney coach The driver asked no questions about the suspicious looking bundle, but sometimes increased the fare One enterprising driver stopped outside a police station to obtain his extra payment

**Burke and Hare**

And so we come to anatomical "subjects" obtained by murder, chiefly associated with the infamous names of Burke and Hare There were two other convictions, one before these celebrated cases and one after In 1752, two women were executed for the murder of a boy They were engaged in what Mrs Gamp called night-watching and it seems they had promised a body to some medical students The other conviction, in 1831, concerns two well known body-snatchers in London named Bishop and Williams—to be known as the "London Burkers" Their method, carried out in several instances, was to dope with alcohol and laudanum and then lower the victim head first into a well The publicity given to the Edinburgh murders a few years previously is one reason at least why these in London were detected When the two were hanged at Newgate there was a stampede in the thirty thousand spectators, which produced twenty or thirty casualties for St Bartholomew's Hospital

some sticking plaster over the mouth in assumed imitation of Burke and Hare

There is more justification for the feelings of the mob towards Hare, who had only escaped the gallows by giving away his partner in crime. It was necessary to keep him in prison to avoid mob violence until he could be conveyed one night as an outside passenger on the coach into England He found it so cold that he attempted to get inside at the first stop, when he was recognized The news soon spread and when the coach reached Dumfries there was a hostile crowd of eight thousand people from whom Hare, and the inn itself where the coach stopped, could only be protected by taking him secretly to the local jail Whence he set out on foot in the middle of the night and Hare was last seen over the border near Carlisle, a hunted fugitive with his ultimate fate unknown

The Edinburgh mob broke all the windows of Dr Knox's private residence and hung his effigy near by He must have gone through a bad time There is an entry in Sir Walter Scott's Journal (1829) of the calling of a special meeting of the Council of the Royal Society to decide whether they should hear a paper by Dr Knox on some anatomical subject "lest it be an intimation of our preference of the cause of science to those of morality and common humanity" The paper was withdrawn Knox was a born, if rather bombastic, teacher, and although he was officially cleared of any knowledge of the crimes, eventually he died in obscurity in London But he was entitled to his claim that students of his were in practice in most parts of the world. His tragedy and these crimes did much to bring about the Royal Commission which led to the passing of the Anatomy Act in 1832.

### Respect for the Body

That it was part of the sentence of a criminal that his body should be dissected—as indeed was the case with Burke, Williams and Bishop—may have increased the feeling that dissection was a great indignity There were a few enlightened doctors and laymen, however, who had made this provision in their wills. One surgeon to the Chelsea Hospital in so doing directed that his body "should not be insulted with any funeral ceremony" But for the public in general it was natural that a more materialistic view of a future life should be held Their feelings are expressed in a broadside printed in Edin-

committed the murders No questions were asked by the attendants at the anatomy school and they were always encouraged to bring more "subjects" The rivalry between anatomy schools, in which there was some commercial element, was a temptation to encourage a trade in bodies, whereas the origin of robbing graves had come from scientific enthusiasm alone

The similarity of these sordid murders of friendless people, picked up in public houses and the streets, is varied by two victims who might have aroused suspicions and possibly did, although it never came to light One was the body of a healthy and well known young woman of the streets, and the other of the even better known half wit —the famous Daft Jamie—whose body almost certainly must have been recognized It was this murder which so inflamed the public when they heard of it At the trial the doctors were not called, because Burke's conviction was on the last victim only and this was obtained because Hare turned King's evidence and saved his life with a pardon

Burke was sentenced on Christmas Day 1828 to be hanged and his body dissected By the time of his execution, a month later, much of his complete confession was known to the public, who assembled to the number of twenty five thousand to witness the event, where there was a riotous scene with cries for Hare and Knox

### Public Reaction

This was by no means the end of Burke Dr Monro gave a special lecture on Burke's head Those pseudo scientists the phrenologists studied his bumps, more particularly those of benevolence and destructiveness The crowd, having jeered and cheered at the hanging, still thirsting for more excitement, insisted on viewing the body, so that a show was organized by the police in which some twenty thousand people passed through the anatomy theatre at the rate of sixty per minute

Perhaps if Burke could have been cut down from the gibbet and driven in a Rolls-Royce hearse direct to a crematorium, there would have been less notoriety and we need not have had an entry in the Oxford dictionary ' burke, v t smother, hush up"

It was a rough world For some months after this morbid excitement, young hooligans in the streets of Edinburgh would think it a good joke to sneak up behind an unsuspecting stranger and clap

some sticking plaster over the mouth in assumed imitation of Burke and Hare

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burgh in 1711 after Greyfriars cemetery had been robbed—a few lines of which are as follows

' Methink I heard the latter trumpet sound,
When emptie graves in this place is found
Of young and old, which is most strange to me,
What kind of resurrection this may be

It is a fact that, until comparatively recent days, the fear of death for many people was tempered by the thought that the body would lie peacefully near relatives until the day of Judgement To understand the respect paid by mid-Victorians to the grave of a relative, one should read about Old Jolyon's trip down to Dorsetshire in Galsworthy's story called *The Sands of Time*

Although the mob had been inflamed on a number of occasions in Edinburgh, London and Dublin during the hundred and twenty years before the passing of the Anatomy Act, we have little recorded evidence with regard to what were the thoughts of the better educated Some of the eighteenth-century writers were on friendly terms with distinguished anatomists, so that perhaps they could see the true *value of dissection*, which was expressed eventually by Thomas Southwood Smith, Unitarian minister and physician, in his essay on *The Use of the Dead to the Living*

In *A Tale of Two Cities*, Dickens introduced Jeremiah Cruncher, who was a body-snatcher Which is in keeping with the times described, but the book was published twenty seven years after the passing of the Anatomy Act Thomas Hood is the literary genius who is best remembered in connection with these people It is rather surprising that he should exercise his wit so near the date of the *greatest scandals*, but of course he was not dealing with murder, as was the case in the doggerel nursery rhyme of the times

Burke and Hare
Fell doun the stair
Wi a body in a box,
Gaun to Doctor Knox

1950

# SMOLLETT'S CONTRIBUTION TO MEDICINE

It is not wise to be emphatic in recommending a book. It was an Irishman who, after some promised treat, remarked that it had not come up to his expectations and sure he never thought it would. I am prepared, however, to claim that every member of the medical profession ought to read *The Expedition of Humphrey Clinker* Of Smollett's other novels one may say, that, in these busy days, the time consumed in reading them might be out of proportion to the rewards. Apart from a few details of the author's life, the notes which follow are gleaned from the novels

## His Life and Background

Tobias Smollett was born in Dumbarton in 1721 He was educated at the local grammar school and then at Glasgow University, which in those days he would enter at an age when a boy would now be going to a public school As fellow students there were Cullen and William Hunter He was apprenticed to a doctor in Glasgow but in 1739 moved to London, where he was soon appointed surgeon's-mate to one of His Majesty's Ships on the expedition to the West Indies.

On his return he practised his profession in London for thirteen years making several visits to Bath For the last eighteen years of his life he devoted himself entirely to writing Unlike his contemporary novelists, Richardson and Fielding, his only source of income was from his literary efforts. He died at the comparatively early age of fifty-one.

His years of activity were in the middle of the eighteenth century In 1752 he wrote an essay on mineral waters, in which he was critical of the unhygienic customs at Bath. His most distinguished medical contemporaries were Mead and Fothergill of the physicians, and Percival Pott, John and William Hunter of the surgeons

As he was interested in spa treatment, we may note that Richard Russell ("Sea water Russell") in 1750 published his famous treatise on the use of sea water, internally and externally, which set the fashion for the seaside holiday, drawing custom away from the spas It was

a gradual change, however, on account of inadequate means of transport or suitable accommodation

The profession at this time was divided into Physicians, Surgeons and Apothecaries Of the last-named there was no control and anyone could set up in general practice before the Apothecaries Act of 1815

### His Criticism of the Medical Profession

His first novel, *Roderick Random*, was written in the spirit of reform It is based on his own experience in the Navy The account of Roderick's examination at Surgeons' Hall, for the post of surgeon's mate, illustrates the very trivial knowledge and experience required Probably the examiners themselves did not take the ordeal very seriously, because one of them put the question—"If during an engagement at sea, a man should be brought to you with his head shot off, how would you behave?" The reply was worthy of full marks, because Roderick said that he had not met with such a case

The crude surgery described in the naval expedition and the epidemic diseases, of which yellow fever appears to have been one, are of interest But from the point of view of reform the most illuminating passages relate to sick parades in which the captain and a brutal intoxicated surgeon treat every man, however ill, as if he were a malingerer

In *The Adventures of Count Fathom* there is the career of a scamp who sets up as an apothecary when other schemes have failed At the Bristol Spring, "the reproach of barrenness was more than once removed by the vigour of his endeavours" At Tunbridge he was successful for a time, but eventually his behaviour was so scandalous that public opinion ended his career, as certainly as would have a General Medical Council This, like Roderick Random's adventures, is clearly legitimate criticism and may indeed have encouraged the coming of the Apothecaries Act in 1815

If this be true, however, Smollett's description of medical colleagues in general may be in rather poor taste Of the physicians in Bath he says that the city is a hot-bed of scandal and the physicians the biggest scandalmongers He also likens them to "ravens hovering over a carcass"

Dr Oliver who helped to found the hospital at Bath, whose name still lives on a biscuit, came before Smollett's time and Dr Parry,

who was the first to describe the clinical picture of exophthalmic goitre, came after It is likely that some good medical work was being carried out in the city of which the novelist knew little, or out of which he could not make capital for his novels

In London he states there are a few at the summit ("no longer obliged to cultivate those arts by which they rose") For the remainder, they are formed into rings in which they toss the ball from one to another The author suggests that perhaps "a fine lady fatigued with idleness" is too exacting with her favourite maid So the latter brings in a nurse ('at whose house she hath oft given rendezvous to a male friend"), the nurse recommends an apothecary, who will select a physician, who chooses a surgeon to perform venesection

This kind of writing is rather cheap and tends to come from less successful members of a profession. It is not a genuine plea for reform, but rather a question of selling to the public ideas and suggestions, many of which could not be justified in a meeting of colleagues. It has been done occasionally since Smollett's day, either in a novel or in some other way, and perhaps need not be taken too seriously The author, no doubt, was unpopular in Bath, but in spite of his quarrelsome temperament he retained the friendship of men like John and William Hunter, and outside the profession Garrick and Goldsmith, both of whom visited him when he was imprisoned for libel.

## His Medical Knowledge

One of Smollett's characters, who was suggesting that Bath was not a very healthy holiday resort on account of the number of invalids present, adds the comment—"even consumption is highly infectious" Seven hundred years before his time this had been taught by the Arabian physician Avicenna. But as late as 1884 (two years after the tubercle bacillus was described) it was not a belief universally held by the profession.

There was a movement in the latter part of the nineteenth century for Collective Investigation, initiated by Dr Mahomed of Guy's Societies were formed in many areas through the British Medical Association, and *in 1884* there was an International Meeting at Copenhagen, with Sir William Gull in the chair One of the subjects for investigation was the infectivity of phthisis, *in* answer to which two hundred and sixty-one doctors reported that this had come

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a convention of the older novelists that we read of "brain fever", or if less acute of "a decline" Smollett for this type of episode, in either sex, substitutes a period of unconsciousness lasting several days. It is a healthy tradition by way of emphasising the disaster As the first medical novelist, however (unless we go back to Rabelais), it is interesting to read about some of the illnesses he described.

Several of his invalids suffer from dropsy, and one old sailor in a letter about the illness of his wife writes "They have scuttled her lower deck and let out six gallons of water" The case, however, puzzled the husband because he added that "it was a liquor she never took in"

As we should expect, we hear of gout, and in one patient that "gout, for the first time, had taken possession of his stomach" Of another character he writes "The scars of smallpox add a peculiar manliness to his countenance"

One old patient, an admiral, knowing he will not recover and tired of medicines—"did not want an apothecaries shop in his hold" When discussing his funeral he said they must "keep a good look out that none of your pilfering rascallions may come and heave me up again" Which reminds us that the demand for anatomical subjects for dissection was growing rapidly in the eighteenth century, and the so-called Resurrection men were on the look out for graves in lonely places

## His Knowledge of Human Nature

In some of the novels there is a tendency to force adventures to sustain the interest Other novelists have been more successful in sustaining interest with less dramatic attempt Many, no doubt, in the portrayal of human nature have excelled Smollett, but he depicts one first-class character in the form of Mr Matthew Bramble in *The Expedition of Humphrey Clinker* He is a kindly responsible man of property but has some odd crotchets which confirm my own view that human nature is too complex to be lightly fitted into psycholo[illegible]
as o[illegible]
of [illegible]
Of [illegible] only three had risen above it—The Prophet, The Lexicographer and Mr Weller, Junior One can imagine that Smollett may have thought his own god parents might have improved

within their personal experience, but as many as a hundred and five were against the belief, giving reasons and arguments to support their scepticism The author of *Humphrey Clinker* is entitled to credit for his opinion a hundred and twenty years or so before this meeting

In the eighteenth century there was a firm belief in the therapeutic efficacy of spa waters In some cases they were bottled and despatched to a patient so that the necessity of a journey might be avoided The best doctors, no doubt, realized that the change of scene and company provided at the spa were important Smollett by nature would tend to be sceptical, and indeed there is always a temptation towards therapeutic scepticism in members of the profession who have not the responsibility of actually treating patients

The opinion was held by the profession, and perhaps more firmly by the public, that a course of spa treatment might relieve sterility in women One can imagine that our author would be a little cynical about this In *Peregrine Pickle* we hear of a young friend of his staying at Bath who had considerable success with the ladies and we read "he was thought to have co-operated with the waters in removing the sterility of certain ladies who had long undergone the reproach of their husbands" Perhaps this may be regarded as a case of justifiable de-bunking of a fallacy, although a little crude And yet, it might well be within the scope of scientific medicine that a holiday change of scene would bring about the desired result for a loyal married couple anxious to have a child

Although it is probable that Smollett was not particularly successful as a doctor, he understood the importance of the *influence of the mind over the body* His best character, Matthew Bramble, wrote in a letter "I find my spirits and my health affect each other *reciprocally*—everything that discomposes my mind produces a corresponding disorder in my body' In the twentieth century, medicine has become so highly complex and specialized that a new portmanteau label—psychosomatic—has been coined Mr Bramble's words remind us that it is just a new name for an *essential conception*, which good doctors all down the ages have understood But it may be lost sight of sometimes, if scientific advancement outstrips the study of human nature

### Novelist Illnesses

When a fictional character is overtaken by a *calamity* it has been

propriety, be left open on the drawing room table". This last item should be understood before I conclude by saying that I think, if you do not put them too high, the book will come up to your expectations.

1957

on Tobias I think one could have consoled Sir Samuel Wilks To be sensitive about a name may be unreasonable, it is all rather nonsense, but that is why it is true to human nature

Matthew Bramble, to his doctor, described his unmarried sister as "that fantastical animal" That he knew he was a bit of a crank is illustrated by his statement "My opinion of mankind, like mercury in the thermometer, rises and falls according to the variations of the weather" Quite an interesting old codger, who may take his place amongst immortals, perhaps somewhere near Mr Weller, Senior

## Conclusions

From the novels we learn bits of history, for example, that boys went to the university at an earlier age than now We gather that between fifty and sixty years of age, people were more elderly in demeanour than are we ourselves We meet the world of Spa Society in the days when it was the chief change of scene Mr Bramble said a change of company was as important as a change of air There are odd bits of medical knowledge which are of interest We find self-styled apothecaries before the Act of 1815 and a hint about body-snatching before the Anatomy Act of 1832

It is my conviction that the best doctors are those who humbly study fallible human nature of which they themselves are part The characters in the epistolary novel *The Expedition of Humphrey Clinker*, who express their personality in the letters they write, are true enough to life to be instructive

Charles Lamb wrote "Much depends upon when and where you read a book", which I think is true And of course I am not un mindful of the fact that you may have met with Mr Bramble and his fellow travellers at some favourable time

If not, however, *The Expedition of Humphrey Clinker* is a volume of no great length It can be purchased for a few shillings, in an edition small enough to go in a haversack, and so could travel with you

When Lydia Languish, in Sheridan's play, is surprised by visitors about to come into her dressing room, she tells her maid to "fling *Peregrine Pickle* under the toilet" and to give her a copy of *Lord Chesterfield's Letters* This, I think, was discreet But *Humphrey Clinker* conforms more nearly to the standard set by a Victorian reviewer of a certain lady novelist, "whose works can, with perfect

Mr Harden looked after her brother Henry, who was seriously ill in Sloane Street. This apothecary appears to have been an attractive young man who interested one of Jane's nieces. He dined with the Austens several times and we hear that he never appeared "above his position".

This brings us to the social standing of the profession In the criticism of the novel of the niece already mentioned we read. "I have also scratched out the introduction between Lord Portman and his brother and Mr Griffin. A country surgeon (don't tell Mr C. Lydford) would not be introduced to men of their rank"

So there we have the medical attendant's position accepted The authoress had much too subtle a sense of humour to be a snob

In the novels several young men consider a career in the Church, the Army, law or the Navy but the medical practice is not mentioned

For one accident a surgeon is called in but the name of "doctor" did not come into use till much later We are of course dealing with the first fifteen years of the nineteenth century When, some thirty-five years later, the Duke of Wellington died he called for "the apothecary" in his last illness.

Jane Austen saw something of Dr Parry the physician in Bath, who made the first description of thyrotoxicosis. He was attending her friend Lady Bridges and Jane Austen suggests that he will not mind having a few more of her ladyship's guineas But this of course is quite a harmless remark made in a private letter to her sister Cassandra. In another letter about an acquaintance, she calls her "the sort of woman who gives me the idea of being determined never to be well and who likes her spasms and nervousness, and the consequence they give her, better than anything else" But she adds the comment that this is an ill natured statement However, this may be the prototype of one or two ladies in the novels.

## Her Medical Men of Fiction

Henry Tilney in *Northanger Abbey*, describing his mother's last illness mentions a physician in attendance with two others called in They were very rich people.

In the novels, as a whole, we may hear of a physician or surgeon occasionally but we only meet apothecaries who are competent practitioners, although it was not till 1815 that such medical men were licensed by examination

# JANE AUSTEN'S MEDICAL WISDOM

Jane went to Paradise
That was only fair,
Good Sir Walter met her first,
And led her up the stair,
Henry and Tobias,
And Miguel of Spain,
Stood with Shakespeare at the top
To welcome Jane
RUDYARD KIPLING

WHEN Jane Austen's niece submitted the manuscript of a novel she was attempting, her aunt took exception to the words that the hero plunged into "a vortex of dissipation" She did not mind the thing but claimed the expression was novel slang, "and so old that I dare say Adam met with it in the first novel he opened".

The authoress in her own novels keeps clear of medical jargon We do not hear about swoons, brain fevers or declines Nor are there those long attacks of unconsciousness, because some disaster has overtaken one of her characters, which her contemporaries were fond of describing

*No illnesses are forced into the narrative for dramatic effect* and everything portrayed is well within the experience of a good family doctor

### Her Experience of Doctors and Illness

Her own last illness which may have been pernicious anaemia, or some similar complaint, came too late to influence her writings

At school she and two other children were seriously ill with "a putrid fever", which the mother of one child contracted with fatal termination

The medical men she met with were chiefly apothecaries Mr Lydford of Basingstoke attended at the Vicarage, and in one letter *we read that*, "*he* wants my mother to look yellow and throw out a rash but she will do neither" Every doctor knows what kudos may come from a successful prophesy, but it is not clear what the medical attendant had in mind

Mr Bowen attended her mother in Bath during what appeared to be a serious illness and restored her to live another twenty-five years

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Mr Woodhouse, in *Emma*, who is a valetudinarian, somewhat hypochondriacal, gives scope for a doctor patient relationship which is true to life Mr Perry the apothecary is attentive, wisely agreeing with his patient, as for example that wedding-cake is indigestible and might disagree with many people The patient has such faith in his apothecary that when there is a rumour that Mr Perry's children have been seen with a slice of such cake in their hands Mr Woodhouse would not believe it

When someone makes that rather hackneyed suggestion that Mr Perry would not mind if there was risk of some young people catching cold, his faithful patient will not tolerate the insinuation, but says that "Mr Perry is extremely concerned when any of us are ill'

But in pleasing his patient the apothecary gets into hot water Mr Woodhouse concerns himself with the medical problems of all his family He has criticized the advisability of his grandchildren going to the sea at Southend, and tells Mr Knightly, their father, that if they must go to the sea it should have been to Cromer, Perry had said so Which brings the retort "Perry would do well to keep his opinion till it is asked for" Poor man, who would be a family doctor His faithful patients often let him down They will express a thought of their own and claim that the doctor uttered it

As a piece of medical history, of course, the seaside holiday was coming into fashion Lettsom established The Royal Sea bathing Hospital at Margate in 1796

In the novels there are no scenes actually at the sea but we hear of Southend, Cromer, Weymouth and Brighton This last was described by one young lady as 'that gay bathing place covered with officers" It was from here that Lydia Bennett made her run away match

Mrs Knightly, the children's mother, who took after her father, was as fond of her own Mr Winfield in London as her father could be of Mr Perry Her husband on one occasion, when she told him he was looking tired, advised her to be satisfied with doctoring and coddling herself and the children and "let me look as I chuse"

There is evidence that Mr Perry considered his patients as a whole When Jane Fairfax was unwell, with some degree of nervous strain, he doubted whether her aunt was the best nurse-companion

### Her Child Psychology

In Stevenson's *A Child's Garden of Verse*, containing so many

touches which illustrate his insight of the juvenile mind, we read of unpleasant children who will be "hated as their age increases by their nephews and their nieces"

Many people who can remember the wisdom of some of their thoughts in childhood will recall how they wondered what such small relatives in the future might think of them

Jane Austen, as an aunt, understood the child's mind There is much recorded evidence in the published letters of how her nephews and nieces were devoted to her

In the novels children do not appear frequently nor to advantage One of Lady Middleton's children was accidently pricked with the pin of a brooch, for which she was caressed and her mouth stuffed with sugar plums And we read, "with such a reward for her tears the child was too wise to cease crying"

The Musgrove children were troublesome Their grandmother said they were spoilt, it was a bother to be always checking them, don't do this and don't do that, and that they were only kept in order if given more cake than was good for them But the old lady said they were quite different creatures when they were with their aunt—Anne Elliott. Which of course illustrates the natural history that children are only kept in order by those who themselves have self-control

That the authoress understood some of the customs that were bad for children is conveyed with gentle irony When the ladies, on one occasion, were in the drawing room there was a tedious discussion in front of a boy, as to whether he were taller than a cousin, and rather more severe, at another time, comes the suggestion "that on every formal visit a child ought to be of the party, by way of provision for discourse"

Of parents we are told that "a fond mother will swallow anything", when the Miss Steeles are currying favour by showing excessive affection for Lady Middleton's offspring

Of fathers, Mr Palmer "maintained the common but unfatherly opinion among his sex, of all infants being alike He could not recognize the likeness of his infant to so many relatives, nor could he be brought to acknowledge the simple proposition of its being the finest child in the world" One is tempted to exclaim "How like a man!" But the exclamation mark seems out of place The authoress, herself, scarcely ever uses one Nothing is emphasized or underlined—therein is her simplicity and charm.

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next morning to see her again He was unable to find any evidence of serious trouble, but truth came out when she said "Doctor, you don't know how ill I am" But she lived for many more years

When Mrs. Bennett remarks, "But it is always so Those who do not complain are never pitied", one is reminded of Chesterton's *Father Brown*, who did not dislike a good honest grumbler, but had no use for those who complained that they never complain But Mrs. Bennett could speak of her tremblings, flutterings all over, spasms, pains in head and such beatings of the heart, and yet in the next breath switch to the subject of her daughter's wedding clothes.

The way to improve these people, if we meet them nowadays, is a long story Their lives may be more difficult than would appear on first sight. We should guess some of their troubles and practise a firm psycho-synthesis

Lady Bertram in consequence of a little ill health and a good deal of indolence gave up her house in Town and left Sir Thomas to attend to his duties in Parliament.

In Mrs Charles Musgrove we have a young mother in excellent spirits if well and happy, but difficult and unreasonable if not feeling well. Her husband said to her sister Anne Elliott, "I wish you could persuade Mary not to be always fancying herself ill" But when she hears from the butcher that a bad sore throat is prevalent in the district, she states that her sore throats are always worse than anybody's

At a wedding we read of the bride's mother standing with salts in her hand expecting to be agitated, and of a strong minded aunt trying to cry

Marianne Dashwood in disappointed love is described as "without any power, because she was without any desire, of command of herself"

This seems rather a formidable array of ladies with unstable nervous systems, but they come from six novels and of course the portrayal of such characters gives scope for the introduction of stronger people, both men and women, to balance the picture It would, I think, be a mistake to attempt to depict these people in modern psychological terms which only limit our thoughts. Every family doctor has met all these types in his practice The novels are priceless for a student of human nature. But the soldier in Kipling's

**Human Nature in Relation to Health**

In Kipling's story the *Janeites* we have the soldier, who had been waiter in the officers' mess, telling his pal about two officers who discussed the novels till the waiter became familiar with the characters and read the books But he found nothing at all of interest As he said, "I mean that her characters was no *use*! They was only just like people you run across every day One of 'em was a curate—the Reverend Collins—always on the make an' looking to marry money Well, when I was a Boy Scout, 'im or 'is twin brother was our troop leader And—Oh yes—there was a Miss Bates, just an old maid runnin' round about like a hen with 'er 'ead cut off, and her tongue loose at both ends I've got an aunt like 'er Good as gold —but *you* know"

And a doctor can say that the invalids Jane Austen describes are just like some of those met in general practice

When Mrs John Dashwood was influencing the mind of her husband against generosity toward his relatives, she remarked "People live for ever when there is an annuity to be paid to them"

One prefers to avoid the word psychology, but Edward Ferrars said "Shyness is only the effect of a sense of inferiority in some way or another" (And this was as long ago as five or six years before the Battle of Waterloo)

Mrs Jennings, a widow, is always ready to talk about her late husband and his illnesses Even when bringing someone a glass of wine she must say, "which had always done her poor husband so much good" A medical student today in the most comfortable "digs" might have to suffer reminiscence of a similar nature

To read the first chapter of *Pride and Prejudice* introduces us to Mrs Bennett and her sensitive nervous system Her statement "Ah, you do not know what I suffer", is familiar to so many doctors, comparable to Mrs Gummidge, in *David Copperfield*, with her plaint "I feel it more than other people"

A friend of mine visited a rather trying old lady who was a patient of his partner She had been complaining of many discomforts for years At this visit he varied the usual routine by not taking her symptoms seriously Talking of other subjects she was even compelled to smile and very nearly chuckled at some of his kindly humour She certainly enjoyed the visit But he was called out of bed at one o'clock

severe cold followed by fever, it would fit quite well with influenzal pneumonia

Jane Bennett is detained for a few days in Mr Bingley's house—which is all important for the tale—but by an indisposition that would pass as a feverish cold

When Tom Bertram fell from his horse after a drinking bout, he soon recovered but later there was a longish illness with fever "They were apprehensive for his lungs" (There were no X-rays, nor even a stethoscope in those days ) But it was said that the family were not consumptive He recovered in time without any dramatic developments

Mr Winfield, the apothecary in London, who looked after the Knightly family, said that colds had never been more prevalent than this autumn and never more severe except it has been quite an influenza And Jane Fairfax had a bad cold which hung about for a long time Eventually a change of air was suggested

When Harriett Smith was in bed with fever and a sore throat, the vicar warned Emma Woodhouse about the risk of visiting as it might be "a putrid infectious sort" Emma herself said, "My visit was of use to the nervous part of her complaint I hope, but not even I can charm away a sore throat" Which suggests that the term psychosomatic might have been coined in those days

The study of Mrs Churchill's illnesses is of considerable interest They tended to come at awkward times for her relations Her son Frank knew her illnesses, they never occurred but for her own convenience Her recoveries prompted Mr Weston to say, 'Certainly delicate ladies have very extraordinary constitutions" For the sake of the story, however, it was necessary that the old lady should pass on to a better world, so we read that she had "a sudden seizure of a different nature, which carried her off after a short struggle"

Every doctor of experience is famil ar with th [illegible]
to [illegible]
all [illegible]
In [illegible]
kee, [illegible] counsel

Louisa Musgrove from her fall suffered from concussion, the unconsciousness was not too protracted but convalescence was slow

We hear of a soldier who had suffered from camp fever There is a

story said of the books "What beat me was there was nothin' *to* 'em nor *in* 'em Nothing at all, believe me"

No blood No thunder But when we lay the book down we go on thinking about the characters and one day read it all over again

We learn something of the constitutional make up of the men Colonel Brandon, who was a very good fellow, was looked upon as rather old for a suitor "Did you not hear him complain of rheumatism? and is not that the commonest infirmity of declining life?" Furthermore, it did not improve his chances that he talked of flannel waistcoats His sterling worth, however, gained the day Poor fellow, he was only thirty-five or six years of age, with an income of two thousand a year

Mr Woodhouse we have already met in association with his apothecary We are told that his spirits required support, and that he was never able to suppose that other people could think differently from himself

Dr Grant (and note that this title is for clerical and not for medical men) the incumbent of a living coveted for someone else, was "a short-necked apoplectic sort of fellow, and plied with good things, would soon pop off" Which prognosis was not falsified But we must make no mistake The authoress herself was charming and kindly These cynical touches were not her sentiments but no doubt in looking on at life she had noted such wishful thinking, too sure of her art to use exclamation marks

When Mrs Norris in *Mansfield Park* is congratulating her young nieces on the advantages of their education, she finally points the moral that they still have a lot to learn To which one of them replied, "Yes, I know we have until we are seventeen" And the story carries on without comment, or any suggestion, that the reader might require guidance with regard to this statement

### The Novel Illnesses

All these are quite natural

When Marianne Dashwood was hysterical from emotional strain she was found by her sister attempting to rise from her bed, and was reached "just in time to prevent her from falling on the floor" Quite so it is the mental case that throws herself on the floor whilst alone Subsequently we hear of nervous headaches When she developed a

extravagant medical jargon. As for example when two young men have a most affectionate meeting "it was too pathetic for the feeling of Sophia and myself—we fainted alternately on a sofa"

When the two young married women Sophia and Laura heard a carriage upset, "on the road that ran murmuring behind us", they found two well-dressed men, weltering in their blood As soon as they realized that these two were their respective husbands, Sophia shrieked and fainted on the ground and Laura screamed and ran mad On regaining their senses they were deprived of them again Laura wrote "For two hours I raved and should not have left off, as I was not in the least fatigued—but Sophia pointed out the night was approaching and that damps began to fall"

Sophia's fate was tragic, because before long she developed galloping consumption which carried her off in a few days Before she died she said to Laura—"my fate will teach you this One fatal swoon has cost me my life Beware of swoons dear Laura—a frenzy fit is not one quarter so pernicious—run mad as often as you chuse, but do not faint."

And Laura claims that she was ever faithful to these last words

In *Leslie Castle*, Miss Lutterel is writing to her friend about the preparations for her sister's wedding. All was in order when the prospective bridegroom was thrown from his horse, and a surgeon diagnosed a fractured skull with life in imminent danger "Good God (said I) You don't say so? Why, what in the name of Heaven will become of all the victuals—however, we'll call in the surgeon to help"

The bride continued for some hours in the most dreadful convulsions and eventually, when the groom succumbed, she was in "high Delirium for many hours and her physician greatly afraid of her going into a Decline"

### Conclusions

And so we see that Jane Austen was capable of writing novelist medical jargon at the age of seventeen, but at twenty-eight years of age, when *Northanger Abbey* was finished, or at thirty six when *Sense and Sensib*[illegible]
no temptation t [illegible]

Her medical [illegible] of human nature and manners

Her apothecaries knew their job—and know their place The
[illegible]

lady at Bath whose legs were crippled as the result of rheumatic fever Perhaps we should prefer to suggest from an infective arthritis

Of Anne Elliott, wise, competent and charming, we learn that a genuine sad love affair had caused some loss of bloom and spirits with a lasting effect Throughout the novels there is nothing that does not fit with our knowledge of medical science

A grandmother makes the correct, reassuring diagnosis of "red-gum" in an infant, which was confirmed by the nurse and the doctor

When Mrs Norris is recounting the difficulties and inconvenience of a carriage journey, amongst other troubles we hear that the old coachman could hardly sit on the box on account of rheumatism, for which she had been prescribing for some months It is a fair assumption that he suffered from osteo arthritis There is one old retainer with "rheumatic-gout" which is a diagnosis frequently made as late as the end of Victorian days

We do not hear much about treatment but smelling salts are in use for those overcome with grief Laudanum is mentioned, and sea air with bathing is prescribed

*It is reported that when Emma Woodhouse suffered* from measles as a child, Mr Perry the apothecary had said "If Miss Taylor undertakes to wrap Miss Emma up, you need not have any fears" Which is good family doctoring

## Her Early Experiments in Authorship

In *Love and Friendship,* and other early fragments, which were only published a hundred years after her death, we find exuberant, extravagant satire with much novelist jargon They were written at the age of seventeen, perhaps more or less in the style of a family magazine, but the command of language is excellent

In *Love and Friendship,* which is written in the form of letters between two young women, we hear of two young men, a *Gentleman* and his Servant, who had lost their way Mary (the maid) was commanded to let them in, and returned 'introducing the most beautious and amiable youth, I had ever beheld The servant she kept to herself"

We are not surprised to hear that, no sooner did she first behold the young gentleman, "than I felt that on him the happiness or misery of my future life must depend"

With life expressed in this key we should expect to find some

# ERASMUS DARWIN

Whence drew the enlighten'd Sage the moral plan
[illegible]

SIR William Osler once said that in the scientific world the credit does not go to the man who first had the idea but to him who convinced the world

This is illustrated in the theory of Evolution which was first put forward by Erasmus Darwin in the eighteenth century—quite clearly, but it was not seriously received Whereas the fame goes to his grandson, Charles Darwin, who translated the theory into a doctrine by his demonstration of an enormous number of facts

## The Medical Round

Erasmus Darwin (1731-1802) was born near Nottingham, was at school in Chesterfield and studied classics, mathematics and medicine at Cambridge During one term he attended John Hunter's lectures in London He became a notable student in Edinburgh, where he obtained the M B degree in 1755 His medical writings later in life are headed F R S and M D

He began medical practice in Nottingham, but after two months went to Lichfield, in 1756, where he had some introductions From this centre he conducted a busy and successful practice for about twenty five years, after which he removed to Derby at the time of his second marriage, where he carried on his profession for another twenty years.

In Lichfield he made a fortunate start in that an important man with a dangerous fever was left by his doctor as a hopeless case and Darwin by "novel treatment" cured him There are no medical notes, we have to rely on a lady biographer, one can only speculate on the doctor's good fortune Perhaps the patient was suffering from a protracted attack of typhoid fever In my own days, as a medical ward-clerk, at which time the stools were not examined bacteriologically and the Widal test was not perfected, it was not unusual for a

illnesses, we might say, were due to natural causes, even when precipitated by some accident An hysterical attack was not overdrawn, and only depicted when there had been very genuine emotional strain If some of the ladies had nervous systems a little unstable so have some of their great great granddaughters today

A modern nervous breakdown may lead to troubles for the patient and the relatives much more tragic than those of Jane Austen's time

Some up to date people, with a neurotic tendency, have tried to read psychology, or in other ways to study themselves, when it might have been more beneficial to have seen themselves described so inimitably in Jane Austen's novels so many years ago

It is a truism that human nature does not change, but clinical pictures are modified by altered customs and manners

Jane Austen's novels, like all the best fiction, set us thinking of human nature An important study for doctors and nurses, of which we ourselves are part

1958

Majesty was of course in the hands of Heberden so that perhaps it meant little except a compliment.

No doubt Darwin was a man of level head, who was wisely satisfied with his position, accepting the honour sometimes of a patient coming to him from London or Bath. Moreover he had so many intellectual interests, particularly the Lunar Society, which he would not leave

He was driven in a carriage with a pair of horses—one of which was white and behind was a horse trained to follow, so that the doctor could ride to less accessible places He spent many hours on the road. The carriage was fitted up with a knife, fork and spoon There were writing materials and a pile of books It would seem that most of his writings were composed whilst on the road

On arrival at some house, on a professional visit, he would sit down to a substantial meal before seeing his patient On one occasion we read of a daughter, anxious about her mother, who was a little critical of this delay before the medical opinion The principle, however, was sound. A doctor cannot give a considered opinion when he is tired and hungry although he will be quite able to tackle an emergency

Early in his Lichfield days there was an announcement in the local paper that the body of a malefactor to be executed would be conveyed to Dr Darwin's house for the purpose of anatomical lectures for those to attend who were interested in medicine, surgery, or "whom love of science may induce"

Later in life in Derby he founded a Dispensary where doctors should give voluntary advice to the poor, which proved a failure Perhaps the profession locally were not encouraging The scheme was sound because results were to be published so that subscribers could judge the utility of the institution He had in mind particularly the inoculation against smallpox, as brought by Lady Mary Montagu from the East, which he practised with success (Jenner's inoculation of James Phipps with cow pox took place in 1796)

A few years after Darwin's death the Derbyshire (later Royal) Infirmary was built In his time in Derby the population would be about twelve thousand, with one clergyman to every seven hundred people, one doctor to every five hundred and one lawyer to every four hundred

His annual income from practice rose *steadily to something over* four figures but he was generous to the poor and there is no record

distinguished physician, when an obscure case of fever recovered, to suggest that it was probably typhoid

From this piece of natural history it would appear that the young doctor's reputation was established We hear that his colleagues considered him rash and experimental because he discarded so many routine methods of treatment It would seem, however, that he acted according to his beliefs and not by way of advertisement

Another success came when the Countess of Northesk broke her journey from London to Scotland at Lichfield She was seriously ill with consumption and the mistress of the inn where she stayed persuaded her to see Dr Darwin He took her into his own house for a fortnight's observation He said the doctors of London and Bath had given her too much medicine and that he would give very little, and prescribed a diet of milk, vegetables and fruit The patient was dyspnoeic and hectic with occasional haemoptysis She is stated to have recovered but died a year or two later from a severe burn

There is an interesting record of a duchess suffering from lead poisoning from using white enamel paint as a cosmetic The doctor was not supposed to know of this, but he very gradually led up to the question of some poison and tactfully dealt with the problem

By way of contrast he went straight to the point in the case of a second wife, who had some sort of tantrums, and damaged the picture of her husband's former wife He told her in so many words that she was inferior to the first wife And she dare not in future lose her self-control if Dr Darwin was at hand

There is one more such story, when a lady from Radburn (who eventually became his second wife) claimed that a Derby doctor's prescription had poisoned her children who were suffering from whooping-cough She brought them (twenty miles or so) to Lichfield and she, with the children, remained in the doctor's house for a few weeks, with a satisfactory result Here, again, a medical biographer might think that nothing very remarkable had been achieved But we are justified in concluding that he brought a strong personality with courage and cheerfulness to his patients and that he understood prognosis

His reputation stood very high and his name was well known beyond the Lichfield, Birmingham and Derby area His biographers state that he was often encouraged to move to London, where it is said King George the Third offered to become his patient His

[illegible]

Whence countless groups of vegetation spring,
And breathing realms of fin, and feet and wing
Imperious man who rules the bestial crowd,

[illegible]

An embryon point, or microscopic ens!

### Medical Knowledge

He would appear to have a distaste for medical controversy, late in life he told his doctor son that he had several medical dissertations finished for the Press but did not care to publish them because of the expected criticism

His main work, *Zoonomia or the Laws of Organic Life*, was published when he was sixty three years of age and one gathers that he intended it to be read after his decease rather than by his contemporaries

There are twelve hundred pages and apart from the theory of Evolution already referred to, it is a medical treatise made up of theory and detail, more in keeping with the various systems in vogue at the time Perhaps in Edinburgh he would have learned the Boerhaavian System (from Leyden) in which man was explained as a hydraulic machine of pipes, with chemical changes, stoppages, etc (was this anticipating anticoagulant therapy) Or he would be familiar with the Brunonian System of sthenic and asthenic disease Darwin believed in four classes of disease, those of Irritation, of Sensation, of Volition and of Association It is not very understandable but he laments that he could wish to expend another forty years in the study of medicine The spirit of his medical philosophy is contained in the sentence "And happy therefore is the patient whose physician possesses the best theory"

In the pages that follow the theory appears rather forced and artificial but there is much clinical material, although the case histories are not followed up well and there is little morbid anatomy

The scheme sets out to catalogue disease into The Natural Classes

of exceptional fees In 1793 he was able to subscribe liberally to a fund for war relief

His second wife, the widow of Colonel Chandos-Pole who had been considerably her senior, had a fortune of her own when she married the doctor This attractive widow was courted by a number of young suitors When, in reference to Erasmus and his age, someone said—"What is fifteen years on the right side?" She replied "I've had so much of the right side" It was, however, a happy marriage

From his poetical writings he gained considerable financial reward Although in the habit of remarking that he only wrote for gain, it seems quite unlikely that this was the real incentive

Whilst in Lichfield he was rather reticent about his poetic aspirations but later in life he claimed that he had made a medical reputation so that he was not afraid to be known as a poet

**Evolution**

*Zoonomia*, his treatise on natural history and medicine, contains the first suggestion of Evolution somewhat in the form of an hypothesis, but there is a good deal of sound natural history with evidence for the survival of the fittest, sexual selection and protective colouring Dr Krause in 1879 wrote "It is to Erasmus Darwin therefore that the credit is due to having first established a complete system of the theory of evolution"

But it would seem that the world was not ready in the eighteenth century to receive the doctrine and perhaps, with much of it in the poems, it would be taken for flights of fancy Indeed when he suggests in *The Botanic Garden* poem that the work of Priestley and Watt might enable ships to travel under the water, his lady biographer dismisses it as "a whimsical suggestion" And so it was very largely with his ideas of evolution She did not approve of his agnostic religious tendency, and reminds one rather of the Victorian lady who said of Thomas Carlyle "On some things he thinks for himself and this is very wrong"

In Charles Darwin's *Origin of Species* (1859) there is a footnote about his grandfather's observations but less recognition than one might expect

An extract from his poem, *The Temple of Nature* (1802) will illustrate how far he had penetrated into the problem of evolution

fevers" and discusses "the Mechanic theory of Boerhaave, the Spasmodic theory of Cullen and the Putrid theory of Pringle"

He believed in critical days and that these are influenced by the moon. Fourteen days is called "a half lunation" He makes no mention of contagion in puerperal fever in the main work, but it is of great interest that in an *Addition* at the end he records (1795) Dr Alexander Gordon's observations in Aberdeen, that there was purulent material in the peritoneum and that he believed the infection was carried by the accoucheur or the nurse Which not only gives credit where it is due but shows that Darwin kept himself up to date.

At the age of sixty-one in writing to his medical son Robert he says he will read "all the new medical journals and other publications which are not too voluminous" Perhaps he should have carried in mind the last few words of this sentence when he published *Zoonomia*

He quotes Heberden on angina. He knew the patients often died suddenly and although he was aware of the findings in the case of John Hunter, he thinks there is usually nothing abnormal to be found in an autopsy

In this volume based on theory there is so much that does not readily fit in. But he makes one of his characteristic successful prophecies when he suggests that the use of the microscope may reveal a new world

He was well read, quoting from John Hunter, Sydenham, Heberden, Cullen, Mead, Pott and Blane Although he dissected a healthy cadaver, it would not appear that he had time or interest to obtain post mortem examinations and he does not mention the *Sites and Causes of Diseases* (1761) by Morgagni

Without any hospital work and with little opportunity of discussing medical subjects with colleagues *Zoonomia* is a remarkable achievement. He must have spent many hours in his carriage studying medical writings, and doing some original thinking

His reputation, which stood so high, will have been well deserved There was nothing of the charlatan in his character If we realize that nature cured some of the patients through whom his fame was spread, no doubt he is in good company

In taking a medical history he liked to make direct inquiry He would be too busy to listen to a very long story

He was a firm advocate for temperance and it was said that "he sobered the county of Derby"

He appears to have had some foible about salt being injurious

according to their proximate causes, with subsequent orders, genera and species, with their method of cure

We find some interesting observations of disease with isolated therapeutic notes, such as the fact that crude mercury, one or two ounces twice a day, has stopped pertinacious vomiting

For haemorrhage from the kidney when many drugs had failed immersion in a cold spring up to the middle was successful Also a patient with epistaxis was relieved by immersion of the head in cold salt water "but the pulse continued hard"

He studied dropsy and knew that sometimes the urine, put over the fire, coagulated so as to look like white of egg He regarded dropsy as a disease of the lymphatics, although some people thought the kidneys were to blame He quotes total suppression without dropsy as an argument against the kidneys being diseased in dropsy

His most practical work was the clinical study of which cases responded to digitalis Although rather surprisingly in this connection he does not mention his friend Withering of the Lunar Society whose *Account of the Foxglove* was published in 1785

A patient with dropsy, palpitation and dyspnoea was cured, which is what we should expect, but digitalis failed in a young woman with ascites, who required tapping, which one imagines was tubercular peritonitis

He quotes an observation that the urine of a diabetic patient evaporated to a treacle-like substance but the serum from the blood had a saltish taste, from which it was concluded that the saccharine material in the urine did not enter the blood

In a chapter on Paralysis of the Liver he records the cure of jaundice by an electric shock, obtained from a Leyden jar

He has some interesting ideas about sex and emotional upsets, which would appeal to Tristram Shandy's views about untimely remarks when his parents begot him Darwin, however, does not pursue his theories very far, but concludes "this cannot be unfolded with sufficient delicacy for the public eye"

Smallpox is well described, and inoculation as brought from the East by Lady Mary Montagu So also Mumps, Measles, Whooping cough, Erysipelas and Tonsillitis, but other conditions such as the typhoid group and even pneumonia are not well defined He divides fevers into those with strong pulse and those with weak pulse

He adopts something which he calls "a Sympathetic theory of

of "pl-ase" and "thank you" it is for parents to illustrate their own good manners.

Between his two marriages there was a mistress by whom he had two daughters. He saw that these girls were educated and set them up in a school at Ashbourne For them he wrote a short treatise on *Female Education* which would be quite suitable for a modern prize-giving occasion, although there might be some criticism of the statement that "great eminence in almost anything is sometimes injurious to a young lady" There is one incident when advising against cruelty which might even have made Jane Austen's young ladies smile Because he tells of a girl, walking with boy friend, who stepped out of her way to tread on an insect [illegible]

[illegible]

under the section of Hereditary diseases "As many families become extinct by hereditary disease, as by scrofula, consumption, epilepsy or mania, it is often hazardous to marry an heiress, as she is not unfrequently the last of a diseased family"

It is never very satisfactory to try to recapture wit or wisdom from recorded sayings, but we have a few He said "The world is not governed by the clever m-n but by the active and energetic". He believed that in order to be cheerful one must appear to be so Which is probably good philosophy for a doctor But of course it must be genuine good feeling and not as in the case of one of his friends—Edgeworth—who was once described as the "worst form of bore—a boisterous bore"

When his health was deteriorating with age his medical son Robert urg-d him to leave off professional work but Dr Darwin said "It is a dangerous *experiment*, and generally ends in either drunkenness or hypochondriacism"

As evid-nce of his benevolence and the gratitude it earned, there is the fact that a highwayman near Nottingham apologized and rode away because the doctor had saved his mother's life And there is the story of a jockey who gave him a racing up for similar reason

His knowledg- of human nature enabled him to become friendly with Rousseau, who spent his days in a sort of cave in "melancholy contemplation" Darwin, anxious to make his acquaintance, sauntered by the cave and *minutely examined a plant growing in* front of it, which drew the recluse from his lair

He believed it was the cause of sea-scurvy in long voyages He was not very favourable to sea air, which is of interest because it was during this time that the seaside holiday was coming into fashion

To ward off an attack of gout in himself he took six grains of calomel, "which acted in two hours", and a grain of opium at night For a patient with kidney disease he prescribed ten grains of calomel A hundred years later drastic purges were in vogue for eliminating the poisons retained in the system from nephritis and some morbid anatomists were attributing the colitis they sometimes found to the jalap and cream of tartar which had been prescribed

That he gave advice in addition to many drugs is illustrated by the fact that he told his friend Watt (of steam engine fame), when he was obviously over-working, "to ride some furious hobby horse"

## The Man

When he began practice at the age of twenty four years we are told that he was marked with smallpox, had a saturnine look unless animated but with an attractive smile He wore a full bottomed wig which made him look older He stammered and was 'sore upon opposition" He did not meet Samuel Johnson many times in Lichfield, who, our lady biographer says, "only liked worshipers" A good deal has been written about their mutual dislike and of course their religious beliefs were very different, with Johnson the orthodox believer and Darwin's views not easy to place, but perhaps best expressed by the words philosophical doubt" As a young man when his father died he wrote 'The light of Nature affords us not a single argument for a future state" During his last illness he said it was natural to extend our wishes and views beyond the present scene, "but let us not hear anything about hell'

If there had been a doctor patient relationship between Darwin and Johnson it is probable they would have been firm friends

We are told that generosity, wit and science were Darwin's household gods

The children of his first marriage found him rather austere but those of the second loved him dearly He advised on children's education "Teach them benevolence and industry by your own example for children are emulous to acquire the habits of advanced life" Which perhaps contains a little more wisdom than the hack neyed maxim that example is better than precept And in matters

windmill, which was later adapted to steam. There was a scheme of his adopted for draining bog in Ireland. He invented a carriage which would turn easily but he was thrown from it, sustaining a fractured patella.

He suggested that mankind, instead of wasting energy in wars, might have the enterprise to tow icebergs from the arctic seas to the tropic regions so that climate would be more equable. We might call this a "whimsical suggestion". And yet, at the present time, modern scientists are showing anxiety lest some unfriendly power might learn to control the weather of this planet on a large scale, with detriment to their enemies.

He had the practical idea that water could be smoothed with oil. And he studied magnetism.

It was well known that the members of the Lunar Society had favoured the French Revolution at its commencement, which led to the riots in Birmingham from which Withering escaped with his books and botanical specimens, but Priestley's house was destroyed with loss of apparatus and manuscripts for which there was no reparation, and he ended his days in America.

## The Poems

Both Cowper and Horace Walpole spoke highly of the poem *The Botanic Garden* (1789) which had been written some ten years before. The poetry receives favourable recognition in encyclopaedias but did not live for long.

It has been suggested that a parody was damaging but perhaps the mixture of a classic design with scientific prophesy would not appeal for long. The extracts above will illustrate the style. *The Temple of Nature* was published in the year of his death.

## Memorial

His was a very interesting personality with talent for friendship, for doctoring and for scientific inquiry. He must have had considerable influence in shaping the thoughts of other people. How much of his spirit remained with the profession locally we do not know. His flair for prophesy was remarkable, of which, in medicine, the future he foretold of a new world to be revealed by the microscope is, perhaps, the most important.

His portrait by Joseph Wright of Derby is in the National Portrait

In politics he favoured the American Colonists and was friendly with Benjamin Franklin With his fellows of the Lunar Society he hailed the French Revolution as a blow struck for Liberty, although he became disillusioned and was very hostile to Napoleon He preached anti-slavery, prison reform and less restraint for the insane.

## Science and the Lunar Society

The famous Lunar Society was started by Darwin to study science and the arts It received its name because the meetings were to take place at the time of a full moon so that carriage journeys at night would be possible Shortly, however, it gained a nickname because at one meeting during dinner a harmless snake escaped from the pocket of a member who had picked it up in the cold The incident caused some little excitement and the butler in the servants' hall remarked "What can you expect from them Lunatics", and the Society adopted the new name

A favourite meeting place was Samuel Galton's, Great Barr House, in Staffordshire, seven or eight miles from Birmingham and twelve from Lichfield The meetings lasted from two p m till eight p m and some of the inventions and discoveries of this group had far-reaching effects on life

It would appear that every member consulted Darwin about his particular problem and it is possible that his spirit lives more in their inventions than in medicine

James Watt inventing the steam-engine was linked with Matthew Boulton the metal manufacturer Joseph Priestley, of oxygen fame, was curious about so many subjects Of three doctors, Small, Stoke and Withering the last named wrote *An Account of the Foxglove* (1785), the origin of which was local folklore, as in the case of Jenner's vaccination James Kier experimented in chemistry Joseph Wedgwood, the potter, was an occasional visitor Richard Lovell Edgeworth eventually settled in Ireland

Darwin's lines on the steam engine from *The Botanic Garden* are often quoted

> Soon shall thy arm unconquered steam afar
> *Drag the slow barge or drive the rapid car*
> Or on wide waving wings expanded bear
> The flying-chariot through the fields of air

He himself was responsible for a number of inventions There was a

## THE SPECIALIZATION OF AGE

"You might just as well say", added the Dormouse, "that I breathe when I sleep is the same thing as I sleep when I breathe!"

"You might just as well say", said the Physician, "that the Age of Specialization is the same thing as the Specialization of Age"

"We shall make it the same thing", said the Administrative Medical Officer

SOME years ago I was called in consultation one dark December evening to see an old man of ninety who was coming towards the end of his days We came from the sick room to interview a tired wife and several female relatives, the leader of whom told me that the patient was very exacting, adding the comment that "his mother spoiled him when he was a boy"

I suggested that was going back rather a long way, but I rose to the occasion by saying that perhaps the same thing might be said about myself at home, because it is always a help to the relatives to have a doctor who understands

These family traditions are not without interest but the point of the story for my present theme is that life, however short or long, is one continuous journey from the cradle to the grave

In human understanding the art of doctoring is, with children, to be as one of themselves, with adults to be a little bit detached and with the elderly to take an interest in their past activities A wide and varied field of practice keeps the doctor young and enables him to study human nature and disease in every stage of life It would appear that this privilege is no longer within the province of the hospital physician but can only belong to the general practitioner.

There is an important question for the medical profession to consider, which is—If a particular age-group has special hospital needs, does that age group need a specialist physician? Many of us would, I think, say no But the administrative officer of a regional hospital board would answer in the affirmative, because that is the line of uniformity for filling vacant posts.

### Paediatrics

Time was when a physician could have charge of beds in a chil-

Gallery and there is a memorial tablet, which survived attempted arson by the suffragettes, in Breadsall Church, near Derby There is, in the borough, a Darwin terrace, from which Erasmus Street leads off, but not in a distinguished part of the town

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ible for another visit to hospital, but the final episode of uraemia came usually towards seventeen or eighteen years of age in a ward for adults. The same physician could take charge of them throughout the course. In those days, indeed, he might carry out the autopsy, which demonstrated small fibrotic kidneys, of which he had nine opportunities The clinical picture was not described in the medical textbooks before the series was published That a pathologist should nowadays carry out the autopsy is reasonable But the life history of such a problem is better understood if there is no change of physician

Here one might digress into the question of research It is not really in the best interests of medicine that a candidate for a consultant post should be asked about research or publications Better it is to discuss the experience and inquire about notes taken and problems marked for future study The best research has been carried out for the fun of the thing and the longer the study the better it will be

The modern idea that a prize should be offered for research by registrars is open to criticism. A prize means that the work must be completed (at any rate up to a point) by a particular time, which among other things may limit the choice of subject to something rather trivial. It is the fashion now to suggest that it is a good thing to have an 'incentive" The dictionary tells us this means "tending to incite"

Looking back to the registrars of fifty years ago, one feels that what Osler called 'adding to one's cerebral capital" was stimulus enough Something by way of research might come naturally into the picture but the experience gained daily was the essential reward for good work. But in those days of course a man had more scope for planning his own future Even a Chancellor of the Exchequer did not have to talk about incentives

Some of the physicians, fifty years ago, who were in charge of adult beds and also of the children's ward in the same hospital or better still a Children's Hospital, were very knowledgeable in diseases of children. The books they wrote were excellent and are readable today The modern paediatrician has added much, but a few rounds in the adult wards would not have been a handicap to this.

The economic problem of earning a living—of having something rather special to which a general practitioner could appeal—encouraged some consultants to narrow their field of activity With the

dren's ward and equally have care of adults The evolution of medicine in the teaching schools developed a speciality in paediatrics, but in provincial centres there was excellent work carried out by physicians who were not compelled to relinquish the case when the child was too big for a cot For the study of many diseases this was a great advantage, to take two examples, rheumatic fever and endocrine disorders

There is an important study in progress with regard to preventing recurrence of rheumatic fever by a long course of sulphonamide and penicillin Beginning in childhood, how will a paediatrician supervise this—a course which is to continue, perhaps, for ten or fifteen years?

With the rigid uniformity of a national medical service this is no longer possible At a medical committee of a regional board it was suggested to me that for a physician with adult beds to have charge of children would be comparable to a general surgeon undertaking gynaecological operations It appeared to be more a question of poaching on vested interests than a consideration of the need of medical science or of the patients

The paediatrician has such an excellent all round experience of disease, a wider sphere in many ways than those who look after adults, that perhaps this dividing line, with its limitations, brings little or no frustration, but there must be some who would like to follow their patients through adolescence, or further, as we did in my generation And of course in provincial towns of moderate size one may know the life history or keep in touch with hospital patients for many years

A friend of mine, with a wide hospital experience of this sort, was introduced to a registrar in a specialist cardiological department, where he saw a number of patients with extremely interesting detailed investigation But the registrar kept seeking my friend's opinion as to how and when the trouble started and where it would lead That was asking a good deal but there are fewer physicians today to whom one could put such questions—which would cover twenty or thirty years of life

Some years ago there was an interesting series of twenty renal dwarfs at the Derbyshire Royal Infirmary, met with over a period of about twenty years At the age of six or seven there would be thirst and polyuria, which could be investigated by a short period in a children's ward Towards puberty, renal rickets would be respons-

There is an art in doctoring old people which it is a pleasure to cultivate They want a doctor who can remind them of their youthful days But to be really alive it needs mixing with other activities and the old people know this

Speaking on behalf of the elderly, however, I would say that we do not wish to be churlish We were individualistic in our youth, but if we must be grouped, so that it becomes inevitable that our doctor is a duly qualified geriatrician, complete with diploma, we must gratefully accept his services.

When Sam Weller and his father were discussing the death of Mrs. Weller, Sam said

"Vel, govnor, ve must all come to it, one day or another"

"So we must, Sammy," said Mr Weller the elder

"There's a Providence in it all," said Sam

"Of course there is," replied his father, "wot'ud become of the undertakers without it, Sammy?"

### Where to Draw the Line

In war time when clothes were rationed a concession was made to the elderly In answer to a Parliamentary question came the reply. 'For the purposes of this order an elderly person is one who likes long legged woollen pants" One can see that a dividing line with regard to age cannot be very rigid.

However, to begin at the beginning, the hospital experience of the paediatrician would appear to be limited by the size of the cot. They have staked their claim for more than fifty years and perhaps more recently been in touch with infants in the maternity wards.

After the children's specialist there comes a gap, except perhaps for the doctor of a big boarding school who has charge of adolescents.

For the doctoring of young manhood the name of ephebiatrics was suggested, perhaps for the group of recruits.

Recently there comes the demand for a specialist mesiatrician who will be concerned with the diseases of the middle-aged The line is to be drawn to include a group between forty and sixty years of age In making the claim that it is in these years that there is scope for guidance, prevention and research, nothing very original is put forward. Many physicians and family doctors have practised and researched in the field of mesiatrics To suggest that one should have the title seems rather futile to a generation who in their time could,

coming of a National Hospital Service, with payment for hospital work, there was a great opportunity of encouraging the general physician, and only to have highly specialized departments in research centres of University Hospitals The administrative rigidity of the system, however, would appear to be leading us towards more dividing lines

## Geriatrics

Whereas paediatrics was developing naturally in university centres and has only become more rigid in the Regional Hospital system, this newer so-called speciality of Geriatrics is being forced upon the profession

Hospitals and wards set aside for the elderly in the form of geriatric units, with the finances of the Board available, have improved many institutions out of all recognition, but that does not justify a speciality Regular rounds by a consulting physician with daily attendance of one or two general practitioners can give excellent service and will encourage doctors of wide experience But one only has to look at the advertisement pages of the journals to see that the administration officers and medical committees are forcing a new speciality on the profession, all because some poor old folk are better cared for in wards of their own On the same page we find advertised the post of Consultant Geriatrician for a full number of sessions Then follows one for a Registrar in Geriatrics and next, because a "pair of hands" is needed in a geriatric unit, we find the advertisement for a House Officer, baited with the suggestion that "the post offers excellent scope for persons interested in the speciality" So there we have it

It seems inevitable that a diploma in geriatrics will follow There will be special books to read But speaking as a prospective patient I would say—keep our minds interested, do not tell us we are elderly tending towards senility, set us thinking of the past, help us to die with our boots on and be as old-fashioned as you can Do not spend too much money on the doctors when it is nursing and domestic help which is our need

No one has benefited more than the old folk from the up-to-date surgeon and anaesthetist For their medical attendant, however, they would like to have a doctor who radiates enthusiasm by virtue of his all round interesting calling and not one who is in danger of being depressed by the monotony of seeing them only

## Conclusions

When I was in the dissecting room they told the story of the elderly doctor who sauntered in, picked up a skull, put his finger through the foramen magnum and remarked "Ah! boys, many a good drink of beer may have passed through this"

We could see the humour of his anatomical mistake, but looking back one cannot help feeling that his elderly brain-wave, in any case, was not very profound Herein (and I myself am in it now) is the old man's trouble, how can he tell? Perhaps his remarks, and more so his writings, should be checked by a geriatrician The case of the father who said, "I will think about it", to whom his daughter replied, 'What with?" may be reasonable enough But a grand-daughter might hesitate to act as a corrective, lest it seemed like want of respect

If I had my time again, as the phrase goes, and were planning a course as physician in the circumstances of today, I would undoubtedly choose to be a paediatrician In the children's wards there is a wider variety of general medicine with less tendency for someone else to claim the heart or lungs or stomach than in the adults' Instead of reading books on psychology one may learn by observing the child's mind at work Always assuming that one comes down (although I should say up) to their level Nevertheless, I should be sorry to feel that I was precluded from any chance of studying a particular patient over a period of fifteen or twenty years In a provincial centre that has been easily attainable

I remember in Victorian days hearing about an unmarried lady, full of good works, who took a group of factory girls to Yarmouth for an outing On the way home in the train she touched on some matters of etiquette, saying, "You don't see me waving across the street to strange young men" To which one of the girls replied "No, but don t you wish you could?' Such is the *power of convention*

Although many of the physicians who confine themselves to a particular age-group will take pride in the restriction, there must be others who would wish to be freed from this rigid convention In a discussion recently in an important medical society on an epidemic of Virus Meningitis, a paediatrician gave his observations on two children affected but of the mother who was also a victim, merely said she was out of his age group

in hospital work, be a paediatrician, an ephebiatrician, a mesiatrician and a geriatrician each and every one in due time and season Not only could we record some disease, or piece of natural history worthy of the name of research, but could follow the individual from one age-group to the next and possibly for a third

The justification for a specialist mesiatrician was put from the point of view of research It would appear rather trivial. Why should not a man research on middle-age or on any group of which he has experience without a specialist designation? It is important to remember, however, that if a Society is formed of specialists of a particular age-group there may be a tendency to discourage the work of those who do not agree to confine themselves to that group only

The most difficult line to draw is the one for geriatrics Old age does not depend on the date of birth Sir James Barrie thought it was a sign of old age to be able to sleep in an armchair A friend of mine, between fifty and sixty years of age, wondered if he were elderly because a young lady offered him a seat in an omnibus Some men entitled to the services of a mesiatrician or even an ephebiatrician like long-legged woollen pants in winter

Sir Thomas Barlow, aged eighty-six years, when he heard of the death of a colleague aged eighty, said, "Poor fellow, cut off in his prime" Of course such a remark savours a little of senile pride, but it suggests one who would not willingly seek the services of a geriatrician The health of the octogenarian may be none the worse if it is associated with a little pride, but of course the mesiatrician would need to inculcate moderation and humility

Rabelais said "Am I to be granted a span of hale and healthy life equal to the sum of years lived by a dog and three cows?" We might draw the line there, or perhaps with a little more decorum in the words of Sir Thomas Browne, who names it the Psalmist's span Suppose we say that geriatrics begins at seventy That sounds reasonable enough—until of course you are over seventy yourself

Some day a family doctor may be giving evidence in court about one of his patients, whose life has exceeded the Psalmist's span, when the question will be put—"Was he seen by a qualified geriatrician?" Rather far-fetched, you think I am not so sure, if we continue our present rate of travel along the road of the standardization of human personality

which is closely allied?, for example general medicine, cardiology and paediatrics, all during his allotted period Is it fair because a consultant needs help in a geriatric unit to condemn an unestablished keen young man to accept the post of registrar in geriatrics? Do we recognize the difference between real enthusiasm for a job and salary-drawing?

We are all part of fallible human nature, however There are many good features in a national hospital service If a man who has lived as long as four cows makes a nuisance of himself, by discussing the restrictions of specialization, by flying the flag of the individualist and goes prating about the past, perhaps you would conclude that a little too much freedom may have spoiled him as a boy

From the patients' point of view we can all agree that the children with their paediatrician have got the very best of doctoring But I cannot believe that any other age-group of patients would wish to have a doctor confined to them Furthermore, there are many reasons why as a medical life the limitation would make it dull

With regard to my old friend of ninety whose mother spoiled him when a boy, there is no very definite action to be taken It is too late to tell his mother that she must not do it again How would it be, however, if an old man in a geriatric unit brought an action for neglect against his mesiatrician?

"You ought to put an exclamation mark here," you say Perhaps, but in another ten or fifteen years one might be able to delete it One must leave the door open for—well, with so much planning in the air, for almost anything

From time to time the cry goes up that the doctor wants time to think In all the good work that goes on in committees is there time to consider whether there is a little too much rigidity? Have committees time to think and does the enthusiast find himself rather frustrated in committee atmosphere?

If two physicians, one of them a paediatrician, got together and wished to swap a few sessions between the children's and adults' wards, or perhaps with the geriatrician, there would be a hullabaloo But they might be very good doctors, capable of adding something of value to our medical knowledge

The elderly must move with the times, that is obvious so far as action is concerned But, in thought, they are entitled to hint that not all movement is in the right direction

Administration must make things uniform and tidy It is very important It is, however, becoming increasingly difficult to be a bit of a heretic, or in any way to deviate from the pathway of routine Yet the progress of medicine owes a good deal to men who, in their time, appeared unorthodox, or at least to be a law unto themselves Some mute inglorious Lister, Robert Jones or James Mackenzie may lie buried in the limitation of a narrow field

Although I can still remember what goes through the foramen magnum without having to look it up in a book, I am long past the stage when it would be reasonable to make any attempt to put the world to rights But one might ask some questions Why should not a registrar go round a bit from one so-called speciality to another

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A distinguished physician retired from Wimpole Street to live in Oxford. One evening, after going up to London for the day, he told his son in conversation that he wondered what some old men in the train went up to Town for When his son asked him the reason for his own journey, he replied, "Oh! I wanted some tobacco". Which I think was a sensible answer Late in life one cannot admit a younger generation into what the Autocrat of the Breakfast Table called "the side door of the mind"

To dream a little of the past is reasonable enough Rousseau wrote "It is as if, feeling my life escaping from me, I were trying to recapture it at the beginning" It may not be wise, however, to search too diligently

An old friend of mine, on a holiday at the Norfolk Coast with his elderly wife, took her on a tedious cross-country railway journey to King's Lynn to show her the house where he was born Arrived at the railway station, they went down the main street, turned round two corners and my friend, pointing, said—"There it is my——Oh dear! it's been pulled down" And so they retraced their journey

The old schoolmaster, Mr Chips, had his comfortable home, made by a housekeeper who enjoyed looking after him No doubt she formed her views on life in the days before women entered Parliament.

Harriet Martineau, whose advice and writings were in demand by Cabinet Ministers in Victorian days, could not have carried out her valuable campaign for reforms if she had not obtained the home comforts provided by faithful, happy maids, on whom she could lean in times of ill health. She was still a power in the land when later in life she likened herself to "cracked china existing only because she was put on a shelf" She had no great enthusiasm for Women's Franchise, and probably such women as she, Elizabeth Fry and Florence Nightingale knew that much of their strength came from not actually being in politics. They might have sympathized with Disraeli's remark "Look at it as you will, ours is a beastly profession"

At a family dinner table in late Victorian times, with father at one end and mother opposite, four boys were holding forth as to what their future careers should be, when the discussion collapsed in laughter because a small sister piped in with the statement· "I'm going to be a mother" Such ambition was in keeping with the times.

# OLD FATHER WILLIAM'S FANCIES

Sometimes the body first submits to age, sometimes the mind
MONTAIGNE.

THERE are certain structural changes characteristic of old age, such as loss of weight, inelastic skin and rarefaction of bone, which may be described as the anatomical basis of senescence or physiological old age In a long life, however, there will have been injuries sustained by the tissues from infection or from metabolic poisoning, so that the pathological condition of senility is rarely the result of longevity alone There is much truth in the aphorism that "man is as old as his arteries", but in healthy senescence the cardiovascular system may be as free from pathological change as any other part of the body, and clinical experience suggests that the more dramatic disasters in the circulatory system, due to wear and tear, tend to occur round about sixty years of age The art of knowing where to stop, but at the same time keeping on with suitable activities, may be one of the chief guides in achieving healthy old age Individual variation is considerable, old is a relative term, but an average from the age of sixty-five to the years of decrepitude may be taken In some instances senescence may be hastened by an illness, which in a younger individual would have left no after-effects

## Home Comforts

"When you are getting on in years, it is nice to sit by the fire and drink a cup of tea and listen to the school bell sounding dinner, call-over, prep and lights out"

So wrote James Hilton in *Good bye Mr Chips* What more can the elderly need than home comforts and reminders of the past? The old schoolmaster was fortunate that he could remain in close touch with the scenes of his former activities We should not dig up and transplant an old man unless it is absolutely necessary When it is too late for high adventure, of which there may have been little in his life except in imagination, let him potter about the footpaths with which he is familiar He will be at home with his thoughts in these surroundings

century It would appear that we are to have pensions for everybody, but we do not seem to be as contented as our forebears Is it because fewer women wish to make a home? Labour saving has become a necessity but there was a spirit in the house in Victorian days that is not in evidence with labour saving machines

Stevenson as a young man was inclined to prod and make game of smug Victorian probity which was reasonable enough It is not without interest to wonder, if he had lived to old age, whether he might have felt that the home security which his parents provided as a matter of course was worth rather more than he realized at the time For a young fellow to see a little night life was all experience With a mother at home he tried to keep his escapades within reasonable bounds Now, when he may not be quite sure where to find his mother, a youth may have less to anchor him

In all social grades, boys came home from cricket or football to tell their mother all about the game I can believe that this made her evenings more enjoyable than do some of her present-day distractions

Perhaps in Victorian times there was too much thought as to ' What will Mrs Grundy say? ' (After all she was only a character in a play ) Nevertheless, regard for this lady's opinion was a help in keeping a home together

### Winter Hygiene for the Old

Tactile and painful sensibility of the skin are diminished in the elderly, but they are very sensitive to cold On this account in winter, adjustments must be made to suit senile changes The forearms, wrists and lower part of the legs need clothing not formerly required Sleep tends to be elusive so that a warm bed, a hot water bottle and even night socks may be indicated, because the best remedy for insomnia is restful lying awake When an old man can take a snooze over the fire in his armchair he will take no harm from a little less sleep than formerly in the night An afternoon nap is more likely to promote a good night's rest than the contrary

Restle[illegible]

which [illegible]

is usu[illegible] night This inactivity requires careful watching *in those* who have no indoor hobby Turning on and off the wireless is not so beneficial as reading over

To understand cooking, how to run a house, and bring up a family was something worth doing I can hear you say "Poor things, they knew no better" Which may be so, or shall we say they knew no other, but in the main they were happy, healthy women and one can remember maid-servants singing at their work And so many servants made a happy marriage

*The Vicar of Wakefield* begins with the sentence "I was ever of opinion that the honest man who married and brought up a large family did more service than he who continued single and only talked of population" It was the mother, however, who was really responsible and the women working with her

That famous member of the medical profession, W G Grace, son of a general practitioner, learned to play cricket with his brothers in the garden But it was the mother of these boys who was the expert cricket coach History does not record what help she had in the house, but we may be sure it was adequate It was a grand life to be a mother of a family in Victorian days and rule the roast like a benevolent autocrat

To discuss the change would be a long story but a doctor who practised before the 1914 war may suffer from nostalgia when he recalls those comfortable colleagues the faithful maid, the happy cook or the unattached relative, who were so helpful in his daily round They were serene and cheerful because they were conscious of their value

Think what domestic security there was when the doctor could treat pneumococcal pneumonia in the home There would be a coal fire in the sick-room Wife or mother would have the help of a relative, there would be a day and a night nurse both living in, for whom the maids willingly provided meals In the days before there was any specific remedy, pneumonia was a severe dramatic illness in which the whole house shared, and for the better part of a week the patient would have someone sitting by the bed all the time, day and night, so that no energy was expended on so slight an effort as lifting a cup for a drink The doctor was captain of the team, it was for him to bring courage and calmness, which meant so much towards the prospect of recovery.

We have discovered some curative drugs, we have improved hygiene and many other things Our expectation of life is greater We have abolished some of the desperate poverty of the nineteenth

out patient or in those who live in poor surroundings Food that can be enjoyed and digested, a coal fire, a pipe of tobacco and mental interest suited to capacity, will help spondylitis deformans more than anything sold by the chemist

### Help for the Elderly Mind

Years ago I absorbed so much of Robert Louis Stevenson that my mind returns to him now He wrote so charmingly—each word in every sentence dropping right into its slot It was his opinion that the elderly became cowardly, niggardly and suspicious

At the age of sixty nine, Lady Mary Montagu (of smallpox inoculation fame) wrote in a letter that she was becoming timorous and suspicious as her age progressed Herein I think is something which the doctor may influence

Although Stevenson was one of the guides of my youth I would suggest that instead of cowardly we might substitute the words, reasonably cautious The elderly are at a disadvantage in some situation where retreat may be indicated, but they are brave enough in a last stand, as for example on the operating table or in an air raid

Niggardly—I am not so sure To throw a little money about, more particularly perhaps if he has not earned it himself, may be an attribute of youth But to know that one has not got the opportunity to earn at all, changes the point of view The old *Stoic* of Galsworthy's creation thought "By money alone an old man has his being" With financial ruin coming nearer he could see the danger of losing his independence

The old man knows that he cannot take his money to the next world, and remembers what the lawyer said would happen to it if he could, but he may have a legitimate anxiety as to whether any money he has saved, but now must spend, will last as long as he

Fifty years ago I called on an old patient of eighty seven years of age and found him very miserable When I came downstairs his married daughter, with whom he lived, told me that he had just spent the last golden sovereign of his savings Such was tragedy in the "simple annals of the poor"

Why should the old man wish to go on living? That wise old philosopher of Stevenson's creation—Will of the Mill—said "A long life is like a long dinner but in life the sweets come first" There are, however, many things the elderly can savour when the taste for sweets

again the books that are old friends, and these turn the mind towards a restful night An interest for the mind must be suited to the individual, but, whatever it may be, the stimulus is there Sir Humphrey Rolleston wrote "Nothing hastens old age more than idleness An alert mind can exist in an infirm body"

Whenever possible, elderly people should be nursed in their own homes This applies particularly to bronchitis and broncho pneumonia The most convenient form of alcohol is whisky Its scientific value needs no assessment if it brings a comfortable feeling The will to recover is all-important in any illness at any age The practitioner must remember that an elderly patient may be quietly assuming that the allotted span is run and therefore needs to be told quite clearly that his illness is one from which he can recover

Convalescence later in life may be slow after any illness When the bronchi or the lungs have been affected it is imperative to guard against treacherous weather when first going out of doors Mistakes are made perhaps most frequently at that time of the year which R L Stevenson described as our worst winter which we call the spring"

### Chronic Disabilities

One of the aphorisms of Hippocrates runs as follows "Old men generally have less illness than young men, but such complaints as become chronic in old men generally last until death" The progress of medical science has modified this point of view We do not nowa days speak about the "catheter life" Indeed with regard to an enlarged prostate the elderly man scores, because he tends to do better surgically than those ten or fifteen years his junior

But osteo arthritis may be hard to bear It is in a condition of this sort that every endeavour should be made to keep the mind alert The simple remedies will be the most valuable, both medicinal and physical In that interesting correspondence *The Pollock-Holmes Letters*, Mr Justice Holmes, aged ninety years, sent the following note to his friend "I stoop but I haven't lumbago The doctor said little processes like icicles had grown from my spine, and there was nothing to do but grin and bear it Don't you wish you had icicles growing from your vertebrae?"

That is the wise co-operation which must be achieved between patient and doctor Such a spirit must be encouraged in the hospital

If sometimes his mind wanders the background is there He might, for example, in *Vanity Fair* view once more the hinterland of Waterloo through the eyes of Joseph Sedley, the London season through those of Ethel Newcome or travel on the Muggleton Telegraph to Dingley Dell with Mr Pickwick. The first sentence in any one of Jane Austen's novels will turn his thoughts in the right direction and so will a visit to *Cranford*—even, I think, if he has not already been there. When you find an old mind that has only been fed on technical journals related to his calling, the outlook is poor

He should have learned by now not to take too seriously the things he cannot influence. Although sympathetic he must not make a burden of the troubles of other people. When the black cloud appeared, Alice may have been justified in thinking Tweedledum was selfish. But there was wisdom in his remark that it would not rain under *his* umbrella.

In the 1914 war which startled us all because we had not realized that such things could happen for this England, a pessimistic old patient of mine could foresee German policemen patrolling the street where he resided. He told me that his more optimistic wife "lived in a fool's paradise" I could only suggest that it was quite a good place of abode for the elderly In time of war our leaders warned us against "wishful thinking", which was sound advice for the active, but for those only capable of looking on, it may be a virtue

Where there is an ear for music they should steep themselves in the old masterpieces which never grow stale and are in reach of any armchair When travel has become irksome the elderly may travel in spirit with Beethoven and other masters.

Stevenson, discussing *Crabbed Age and Youth*—from the young man's point of view of course—is rather scornful of the elderly retort "So I thought at your age" To him it proves nothing except that the young man is probably right.

But from another angle in reading an autobiography it is of interest to find some trifling thought which has passed through one's own mind. Rousseau, when a boy, threw a stone at a tree to find out whether he was to be damned—that is, if he should have missed the tree. But it was a big tree and he stood rather near When I went out with my nursery governess I used to jump the puddles in the road with similar intent. Mine was a more sporting effort than Rousseau's and if I over-estimated my agility and landed in the middle, I was not

has gone Tennyson's couplet about a sorrow's crown of sorrows being the remembrance of happier things does not apply to the senile The geriatrician should encourage the old man to take a pride in some of his past achievements When you look at his photograph as a young man in knickerbockers, with a high collar and a bowler hat, with his lady friends in long skirts, it is hard to believe that he was "one of the boys", but it does him good to think so And rather surprisingly he may have been a crack shot at a woodcock or a snipe He may have been capable in a brawl of exercising his fists in a scientific manner In those secure Victorian days a man who could box, and get the last word with a straight to the chin, was a reliable companion In the right circumstances, you could take the law into your own hands without being summonsed, when Old Father William was young

About eighty years ago an uncle of mine, who eventually became a partner in an important steel works, was arguing the price of some commodity with a tradesman in Sheffield The latter said he believed my uncle could box and that there were some gloves upstairs with which they might settle the dispute My uncle proved the winner, which decided the matter amicably It was a gentleman's world when a bargain could be struck in such a manner There was plenty of scope for fun and adventure when Queen Victoria reigned

Stevenson recommended a churchyard for a fit of the blues There is something in that, but I should prefer to suggest that you listen to an old person recounting the exploits of his youth

That they are prone to be suspicious, however, I think is a fair comment I should like to see revived that delightful play *A Pair of Spectacles*, in which Sir John Hare showed us how it was possible, when his kindly mind was influenced by a cynical brother, whose spectacles he chanced to borrow, that he began to suspect his friends and servants when seen through these The geriatrician should prescribe rose-tinted glasses for the mind

The doctor should teach what to remember and what to forget The old man must forget that he was not elected an alderman for a second term or that his partner was rather too keen when he bought him out He must be encouraged to see the point of view of a younger generation

It is the vacant mind which tends to dwell on grievances To read over again the books he enjoyed in his youth is the best prescription

If sometimes his mind wanders the background is there He might, for example, in *Vanity Fair* view once more the hinterland of Waterloo through the eyes of Joseph Sedley, the London season through those of Ethel Newcome or travel on the Muggleton Telegraph to Dingley Dell with Mr Pickwick. The first sentence in any one of Jane Austen's novels will turn his thoughts in the right direction and so will a visit to *Cranford*—even, I think, if he has not already been there When you find an old mind that has only been fed on technical journals related to his calling, the outlook is poor

He should have learned by now not to take too seriously the things he cannot influence Although sympathetic he must not make a burden of the troubles of other people When the black cloud appeared, Alice may have been justified in thinking Tweedledum was selfish. But there was wisdom in his remark that it would not rain under *his* umbrella

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too distressed about the wrath to come (which was entirely my private concern) because there was immediate condemnation from the authority at hand To divulge this secret, so long hidden from the world, is a symptom of old age—but that is the subject in hand

Johnson criticized a writer adversely by saying ' That man sat down to write a book to tell the world what all his life the world had been telling him" Which may be a fair comment from the point of view of originality Yet if it were nicely done it could make interesting reading for the elderly

We cannot mix the generations In conversation with seniors I would particularly stress that the young and more up-to date should exercise considerable delicacy of feeling if it come to any question of some past action of a man, who has no contemporary to uphold his deed What can a later generation know of the circumstances of a former time? It is meet to be wise after the event, but in the usual interpretation of the phrase, only for those who were present at the time

It behoves a senior, however, who may be at some meeting, to avoid being prosy about things of his youth Rightly used, his experience of the past is valuable, but he must not overlook the fact that times change and he is there to assist a generation that is looking forward It is a truism that human nature does not change but it is moulded by the circumstances of the time

Marcus Aurelius wrote "It would be a shame if your mind should falter and give in before your body" That is the most serious misfortune for the elderly I would re-write the proverb and let it be "Those whom the Gods love die with a youthful mind"

Poor Old Father William, he does not wish to be in the news, but on the other side of the Atlantic, and sometimes on this, they call him an "oldster" The word is in the Oxford dictionary, and perhaps he remembers that the Gryphon explained to Alice the meaning of the term ' uglification" by saying that she would understand what was meant by the word ' beautify" If he learned this as a youngster he need not cavil at this name now, although it may not [illegible]

[illegible]

[illegible]

should have been called an "*eldster*"

Of course, the oldsters may need help to keep the home fires

burning For which they would wish to have as little as possible in the way of officialdom, but would like to obtain the spirit similar to that carried by those wonderful women the district nurses

All these plans, however, for the aged, in Social Medicine and Geriatrics rather bewilder the elderly individual Is it kindness or is it enthusiasm for a new discipline? In the Welfare State we must all keep our place But in a free world many old people could keep themselves. It must be rather nice to have a pension But if everyone gets a pension would a professor of economics, who understood the distribution of wealth, tell us that he could not assess its value?

When a man retires with ceremony we wish him happiness and enjoyment of his leisure It is one of the privileges of age to relinquish responsibilities There will be some relief in having arrived, but it is perhaps a trite observation to say that there may be regret that he can no longer travel hopefully He should keep in touch with those who know that the true success is to labour

### Conclusions

It is inevitable that the body (in the words of Montaigne) must submit to age and Old Father William should not attempt to show off by turning back somersaults in at the door He must accept the limitations as they come But the mind should not submit to age with [illegible]

doubts almost amounting to certainty

It would be rather fun, however, to have an oral examination for *seventy five plus*

(1) Can you, with pleasure, read over again the books you have enjoyed?

(2) Can you see a joke against yourself?

(3) Do you tell the same story over again? And if it is apt for the occasion does it matter?

(4) Do you exaggerate a little in speaking of the exploits of your youth?

(5) Can you from your own experience of the past be helpful and encouraging with regard to modern problems?

(6) Can you make a younger generation believe that you have

too distressed about the wrath to come (which was entirely my private concern) because there was immediate condemnation from the authority at hand To divulge this secret, so long hidden from the world, is a symptom of old age—but that is the subject in hand

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# FAVOURITE PRESCRIPTIONS IN GENERAL PRACTICE

LADY Mary Montagu, that pioneer in the education of women, wrote in 1748 "The English are easier than any other nation infatuated by the prospect of universal medicines" She suggested that in countries where there were shrines and images, with faith in relics and miracles, there was less enthusiasm for medicinal remedies

In the year 1892, when the first edition of *The Principles and Practice of Medicine* by William Osler was published, it was noticeable that he had omitted many medicinal remedies commonly prescribed

From about this time medicinal therapy in hospital wards was reduced to a minimum. Although the undergraduate student became familiar with a few mixtures prescribed in the out patient department, his mind was concentrated chiefly on the problems of diagnosis This was sound practice, and from time to time new remedies proved their value, but not until the arrival of the antibiotics did therapeutics become the scientific study in medical schools which it is today This so alters the picture that an article such as this is to some extent in the nature of history

Now during the first fifty years of the twentieth century good family practitioners have had their favourite prescriptions A young man, fresh from a medical school, coming as a junior partner, soon recognized how much his senior knew of human nature and of prognosis It was the junior's duty to bring a little more accuracy in diagnosis and to exercise a wise scepticism (which, if wise, he kept to himself) about the actual therapeutic value of these favourite remedies Is it possible in 1950 to assess the value of some prescriptions that have stood the test of time? The question of psychological effect will be ruled out, except in so far as it must be present with any treatment, even if it be of such proved value as the use of arsphenamine compounds, the sulphonamides and penicillin

My personal experience of favourite prescriptions is rather limited, but for a period of years I used some which I inherited from a predecessor, and for this article it has been possible to obtain advice from a number of doctors in general practice Some of these

passed through most of the vicissitudes that are vexing them? And can you do so without being pontifical?

(7) If you think you know something about child psychology, are you aware that your children's children will be judging grandfather psychology?

(8) If you obtain respect from a younger generation, do you make every endeavour to deserve it?

(9) Do you agree that a good grandmother is likely to be the wisest counsellor of all?

In spite of my seniority it is with diffidence I put this forward Old men may be rather touchy Outside a Meeting House one Sunday, when I was a boy, an elderly Quaker, to one of his friends, put the query "And how is thy temper this morning?" It would seem, on the face of it, to be a fair question but it did not go at all well at the time Perhaps it touched some chord that was rather tense that morning

In conclusion, I think Old Father William may do a crossword puzzle, or even try to balance an eel on the end of his nose, but my favourite prescription as a panacea would be, that he should keep his brain active, that he should shed the disillusionments of age and recapture, so far as he can, some of the wisdom he had when he was a child

mixture and soda, which I prefer in the simplest form as under:

| | |
|---|---|
| Sodium bicarbonate ... ... ... | 30 grains (2·0 g) |
| Compound tincture of [illegible] ... | 30 minims (1·8 ml) |
| Strong tincture of ginger ... ... | 5 minims (0·3 ml) |
| Peppermint water ... | to ½ fl. ounce (14·2 ml) |

To this prescription may be added either tincture of nux vomica, infusion of gentian, or bromide. No doubt, however, the compound mixture of rhubarb (B.P.C.) or the ammoniated mixture of rhubarb with soda (B.P.C.) are equally suitable and much in favour. More than fifty years ago, a distinguished physician called a powder containing rhubarb and soda the *Pulvis mirabilis*. The combination of these two is a valuable remedy in any form of dyspepsia, acute or chronic, unless there is considerable pain. Like many simple things it is old-fashioned, but in these days some patients have been submitted to a barium meal investigation when a little judicious advice, with rhubarb and soda, would have done the trick.

When there is considerable nausea and a foul tongue an effervescing mixture of bicarbonate of soda and citric acid is useful:

| | |
|---|---|
| Sodium bicarbonate | 20 grains (1·3 g) |
| Aromatic solution of ammonia | 15 minims (0·9 ml) |
| Water | to ½ fl. ounce (14·2 ml) |
| Citric acid | 10 grains (0·65 g) |
| Water | to ½ fl. ounce (14·2 ml) |

Mix and drink while effervescing

Bismuth carbonate is out of fashion, being difficult to obtain in the war, so that for painful indigestion, mixture of kaolin is chosen. Bismuth, however, has stood the test of time and may again come into general use. I should not myself approve of any morphine derivative in a mixture directed towards the correction of a gastric problem, or at any rate I would advise caution in the use.

The two mixtures, and mixture of gentian, and alkaline mixture of gentian (B.P.C.) are valuable when there is loss of appetite. The choice is not always easy. I have thought that the alkaline mixture suited the chronic dyspeptic and the acid mixture was valuable in convalescence from acute illness. Both these prescriptions might be considered under the heading of tonics.

For diarrhoea the prescriptions favoured are mixture of chalk (B.P.C.), aromatic mixture of chalk with opium (B.P.C.), and mixture of kaolin and morphine (B.P.C.). For this disorder some opiate is

practices have a tradition going back for two generations or more No doubt there are fewer favourite prescriptions now than formerly It is of interest, however, that the majority of those most favoured have been in use during all this period The scope of this article will not permit of prescriptions for such conditions as the gastric ulcer regime, or the treatment of the anaemias, in fact for any of those conditions which the undergraduate studies in his clinical years in hospital and on which the examiners will test his knowledge before he qualifies

When a Hospital Pharmacopoeia or a National Formulary is prepared it would be an interference with the liberty of the subject if only the most popular prescriptions were included This accounts for the long list of preparations, many of them rarely used And furthermore, it is needful to admit that remedies not included in the list must be available Nevertheless, the days of individual prescription writing are over, or are coming to a close There is no reason why they should return There must be a regard for the cost of the ingredients which did not apply a generation ago, at any rate to the same extent Fifty years ago, when we as students used the standard hospital mixtures, the older physicians were afraid that we should not learn to write a good prescription In so far as these fears have proved correct it is possible to claim that we have been better occupied

Trained to put diagnosis first, to advise on many matters, to understand psychosomatic medicine before it had that label, good general practitioners during the last fifty years have known that the medicinal remedy must not come first In some circumstances, however, it is good practice to use a simple remedy for a short time, with an open mind, keeping the patient under observation And on many occasions a favourite prescription will relieve symptoms, while nature cures, or—just as important—make an incurable journey less distressing A bottle of medicine may keep the doctor in touch with someone who is going through a difficult time In this way with simple folk (and in medical matters the simple are the wisest) the opportunity comes for advice and time to bring recovery, whereas more ambitious attempts at psychological treatment will sometimes aggravate the trouble

**For the Alimentary Canal**

*Dyspepsia*—For a dyspeptic upset there is no better remedy than

rhubarb and soda, which I prefer in the simplest form as under

| | |
|---|---|
| Sodium bicarbonate | 10 grains (0·65 g.) |
| Compound tincture of rhubarb | 10 minims (0·6 ml.) |
| Strong tincture of ginger | 5 minims (0·3 ml.) |
| Peppermint water | to ½ fl. ounce (14 2 ml.) |

To this prescription may be added either tincture of nux vomica, infusion of gentian, or bromide No doubt, however, the compound mixture of rhubarb (B P C.) or the ammoniated mixture of rhubarb with soda (B.P C.) are equally suitable and much in favour More than fifty years ago, a distinguished physician called a powder containing rhubarb and soda the *Pulvis mirabilis* The combination of these two is a valuable remedy in any form of dyspepsia, acute or chronic, unless there is considerable pain. Like many simple things it is old-fashioned, but in these days some patients have been submitted to a barium meal investigation when a little judicious advice, with rhubarb and soda, would have done the trick

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The two mixtures, acid mixture of gentian, and alkaline mixture of gentian (B P C.) are valuable when there is loss of appetite. The choice is not always easy I have thought that the alkaline mixture suited the chronic dyspeptic and the acid mixture was valuable in convalescence from acute illness. Both these prescriptions might be considered under the heading of tonics.

For diarrhoea the prescriptions favoured are mixture of chalk (B P C.), aromatic mixture of chalk with opium (B P C.), and mixture of kaolin and morphine (B.P C.) For this disorder some opiate is

beneficial, but for the ordinary type of food upset causing diarrhoea these are "livery mixtures" and I would prefer a prescription of bismuth salicylate with something "warming"

| | |
|---|---|
| *Bismuth salicylate* | *10 grains (0 65 g)* |
| Emulsion of chloroform | 7½ minims (0 4 ml) |
| Compound tincture of lavender | 10 minims (0 6 ml) |
| Glycerin | 15 minims (0 9 ml) |
| *Water* | *to ½ fl ounce (14 2 ml)* |

For most attacks of diarrhoea the ideal treatment at the onset is half an ounce (14 2 ml) of castor oil with 10 minims (0 6 ml) of tincture of opium It may not be suitable for a severe attack with tendency to dehydration, or when there is a rise of temperature, but it is usually sound treatment, and certainly efficacious when a mild attack recurs after a few days I have known of a resident medical officer who was in bed in hospital for several days with diarrhoea, taking sulphaguanidine, when I believe that, with castor oil at the onset, there need only have been one afternoon off duty in an armchair

For constipation, I do not know that there need be any favourite prescriptions—at any rate of the doctor's Some Victorian physicians prescribed a "dinner pill" of aloes and carminative, but the man who gets the "Kruschen feeling" from taking aperients requires medical advice Dr John Brown, author of *Rab and His Friends*, was perhaps before his time in 1866, and certainly in good company today, when he wrote of the bowels, "Let them alone as much as you can" There have been many fads and fancies There was a New Health Society (older now or most probably defunct) which instructed schoolgirls to have their bowels open after each meal, which seems almost like advising a somewhat antisocial habit My own fancy would be that those who sow rush and hurry in the early morning and reap vexation are likely to upset the physiology of the gastro-colic reflex and the normal sequence

For intestinal flatulence, which is common in the elderly, kaolin mixture (B P C) is beneficial

### For the Respiratory System

*To stop a cough* —For this purpose drugs are not always necessary One look from the pulpit may be enough to check the cough of a choir boy The nervous child beginning measles needs quiet reassur-

ance with sips of some simple fluid With catarrhal affections of the larynx and trachea, a warm, not too dry atmosphere and a compress over the throat are the first indications. A warm drink from a thermos flask is useful—there are no night nurses available in private houses now Then I suppose we may choose a linctus—either linctus of codeine, opiate linctus of squill or simple linctus (all B P C.). The last named was recommended to me by a doctor friend whose patients claim that it "cuts the phlegm" better Heroin should not be prescribed in a linctus because it may soon lead to an addiction

For a dry irritating cough there is much to be said for a lozenge which can be sucked (dissolved in the mouth, if you prefer) in little pieces so that when the cough is checked the lozenge can be put out of the mouth and sleep may be resumed. There is the compound lozenge of benzocaine (B P C) or the simple liquorice lozenge (B.P C.)—the latter carrying the famous name of the "Brompton cough lozenge"

For a cough which persists in convalescence from a laryngeal cold, I have no doubt about the value of cod liver oil as a *remedy* It is particularly useful in the young, or elderly when first going out of doors again in winter A useful prescription in convalescence from colds and bronchitis is a mixture containing nux vomica and senega

| | |
|---|---|
| Dilute phosphoric acid | 10 minims (0·6 ml.) |
| Tincture of nux vomica | 10 minims (0·6 ml.) |
| Concentrated infusion of senega | 30 minims (1 8 ml.) |
| Syrup of tolu | 10 minims (0·6 ml.) |
| Chloroform water | to ½ fl. ounce (14 2 ml.) |

For a cough that is due to pharyngitis the indications may be for a change of habits or a change of air It was a popular treatment years ago for the doctor to paint the pharynx with a compound paint of iodine (B P C)

In *bronchitis* many prescriptions have been popular, of which compound mixture of ammonia and ipecacuanha (B P C.) seems to be the favourite Several practitioners whom I have consulted use one or other of the so-called expectorant mixtures which contain tincture of chloroform and morphine. For myself I should prefer to add camphorated tincture of opium to the mixture Some derivative of opium is required in a debilitated patient with a cough. A distinguished physician in his last illness is reported to have said "Nice fellows my doctors, but Sister gave me some paregoric!"

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For constipation, I do not know that there need be any favourite prescriptions—at any rate of the doctor's Some Victorian physicians prescribed a "dinner pill" of aloes and carminative, but the man who gets the "Kruschen feeling" from taking aperients requires medical advice Dr John Brown, author of *Rab and His Friends*, was perhaps before his time in 1866, and certainly in good company today, when he wrote of the bowels, "Let them alone as much as you can" There have been many fads and fancies There was a New Health Society (older now or most probably defunct) which instructed schoolgirls to have their bowels open after each meal, which seems almost like advising a somewhat antisocial habit My own fancy would be that those who sow rush and hurry in the early morning and reap vexation are likely to upset the physiology of the gastro-colic reflex and the normal sequence

For intestinal flatulence, which is common in the elderly, *kaolin mixture* (B P C) is beneficial

## For the Respiratory System

*To stop a cough*—For this purpose drugs are not always necessary One look from the pulpit may be enough to check the cough of a choir-boy The nervous child beginning measles needs quiet reassur-

ance with sips of some simple fluid With catarrhal affections of the larynx and trachea, a warm, not too dry atmosphere and a compress over the throat are the first indications A warm drink from a thermos flask is useful—there are no night nurses available in private houses now Then I suppose we may choose a linctus—either linctus of codeine, opiate linctus of squill or simple linctus (all B P C.) The last named was recommended to me by a doctor friend whose patients claim that it 'cuts the phlegm' better Heroin should not be prescribed in a linctus because it may soon lead to an addiction

For a dry, irritating cough there is much to be said for a lozenge which can be sucked (dissolved in the mouth, if you prefer) in little pieces, so that when the cough is checked the lozenge can be put out of the mouth and sleep may be resumed There is the compound lozenge of benzocaine (B P C), or the simple liquorice lozenge (B P C)—the latter carrying the famous name of the "Brompton cough lozenge"

For a cough which persists in convalescence from a laryngeal cold, I have no doubt about the value of cod liver oil as a remedy It is particularly useful in the young, or elderly, when first going out of doors again in winter A useful prescription in convalescence from colds and bronchitis is a mixture containing nux vomica and senega

| | |
|---|---|
| Dilute phosphoric acid | 10 minims (0·6 ml.) |
| Tincture of nux vomica | 10 minims (0·6 ml.) |
| Concentrated infusion of senega | 30 minims (1 8 ml.) |
| Syrup of tolu | 10 minims (0·6 ml.) |
| Chloroform water | to ½ fl ounce (14 2 ml) |

For a cough that is due to pharyngitis the indications may be for a change *of habits* or a change of air It was a popular treatment years ago for the doctor to paint the pharynx with a compound paint of iodine (B P C)

In *bronchitis* many prescriptions have been popular, of which compound mixture of ammonia and ipecacuanha (B.P C.) seems to be the favourite Several practitioners whom I have consulted use one or other of the so-called expectorant mixtures which contain tincture of chloroform and morphine For myself I should prefer to add camphorated tincture of opium to the mixture Some derivative of opium is required in a debilitated patient with a cough A distinguished physician in his last illness is reported to have said 'Nice fellows my doctors, but Sister gave me some paregoric!"

beneficial, but for the ordinary type of food upset causing diarrhoea these are "livery mixtures" and I would prefer a prescription of bismuth salicylate with something "warming"

| | |
|---|---|
| Bismuth salicylate | 10 grains (0 65 g ) |
| *Emulsion of chloroform* | 7½ minims (0 4 ml ) |
| Compound tincture of lavender | 10 minims (0 6 ml ) |
| *Glycerin* | 15 minims (0 9 ml ) |
| Water | to ½ fl ounce (14 2 ml ) |

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## For the Respiratory System

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tincture may be added to the alkaline gentian mixture to be taken before food or the acid gentian mixture to follow meals And these are particularly useful in convalescence from some illness Easton's syrup in tablet form is also valuable and popular, or iron and ammonium citrate with nux vomica One colleague of mine recommends the mixture of calcium chloride (B P C.) as a tonic after influenza. The list is soon exhausted and we think of casein preparations, fresh air and holidays

As a medicinal remedy I would only permit alcohol as a pick-me-up with a meal in convalescence, when a patient has recently been ill in bed My views of alcohol for the hale and hearty are outside the scope of this article, except in connection with abuse leading to digestive upsets or possibly the need of a sedative It has seemed rather inconsistent to many general practitioners to mix together a tonic and a sedative, but they have found that nux vomica and bromide may be given in combination with benefit

My personal experience of valerian in the out patient department years ago (before it was a consultant department) was that valerian was a very helpful remedy in anxiety states The compound pill of iron valerianate of the B.P C is useful or, more commonly, the mixture of potassium bromide and valerian—although the bromide may be given, if desired, in smaller doses than the ten grains (0·65 g ) of the mixture Several doctors have told me that they could not spare this mixture from the National Formulary

Much has been written about bromide Some people prescribe arsenic with it to prevent a rash I believe ten grains (0·65 g ) of bromide may be taken three times a day for a reasonable period without detriment There is a view that phenobarbitone is better and will accomplish all that bromide can do But I would not shake the faith of general practitioners in bromide, prescribed with valerian or at other times in some mixture such as alkaline gentian mixture or compound mixture of rhubarb (B P C.) For the elderly, carminative mixture or something similar is a useful restorative In these days the word "restorative" may seem a little out of date, but I find it in the Oxford Dictionary

Of hypnotics, I have little to say They should be discouraged I prefer smaller doses of sedative during the day The last hour before bedtime should be free from work or vexation and devoted to something peaceful and enjoyable It is a long story and the advice

For broncho pneumonia, I can remember a time when mixture of creosote and potassium iodide (B P C ) was considered by some to be a *specific* *It may still* be used with benefit, if penicillin or other antibiotic is employed as well

### For the Cardiovascular System

In this connection there are few prescriptions for consideration When digitalis is required, it should not be included in a mixture, but the preparation used in the teaching school from which the practitioner comes, whether it be digitalin, digoxin, the tincture, or tablets of powdered leaf should be employed It must be watched from day to day until the required result is obtained and then the maintenance dose estimated Many patients may be comforted by taking the well known carminative mixture (B P C )

| | |
|---|---|
| *Sodium bicarbonate* | *15 grains (1 g )* |
| Aromatic solution of ammonia | 30 minims (1 8 ml ) |
| Compound tincture of cardamom | 15 minims (0 9 ml ) |
| Peppermint water | to ½ fl ounce (14 2 ml ) |

To relieve oedema, if it is inconvenient to inject one of the mercurial diuretics, the same result may be obtained from "neptal" in tablet form

From time to time one hears of a patient with arteriosclerosis who appears to have gained considerable benefit from potassium iodide in five grain (0 32 g ) doses, which may be given in a mixture of nux vomica and aromatic spirit of ammonia Nitrites are helpful in angina of effort One doctor tells me that he has known a patient to get something of an addiction to nitrites, so that he could not sleep without taking a dose The essential indication for angina is to limit *effort*

### Tonics and Sedatives

When a practitioner starts in general practice, with the knowledge gained from a scientific undergraduate training and with a year or more experience as a resident house officer, it seems rather like an insult if a patient asks to be given a tonic When, however, keeping his sense of proportion he feels justified in prescribing *something* which will bring a feeling of energy and well being what are the remedies?

*First comes* nux vomica, of which ten minims (0 6 ml ) of the

such as infective hepatitis which of course is bad practice In soldiers with uncomplicated influenza I thought this remedy delayed convalescence Every general practitioner must weigh up the indications for himself by developing his clinical acumen

A popular remedy with many practitioners is the mixture of potassium citrate with hyoscyamus (B P C) It is useful in irritable conditions of the urinary passages It is not likely to mask the signs of a serious condition, but, of course, the rule applies, as it does with iron for the anaemias, that there should be an accurate diagnosis This mixture is often given for lumbago or for fibrositis, for which conditions it may be beneficial, and certainly analgesics should be discouraged as much as possible and reliance placed on time and physiotherapy

A simple remedy which has received much favour in cholecystitis is *sodium salicylate*, ten grains (0 65 g) in a mixture of rhubarb and soda There must be many favourite prescriptions containing sodium salicylate but many of them tend to be replaced by an aspirin tablet An experienced friend of mine a generation ago was fond of giving guaiacol in stomach, bowel and bronchial mixtures These medicines would be made up on his own premises, so giving them something personal to himself Such mixtures would be beneficial, and like all these remedies, of proved scientific worth or otherwise, would become part of the faith that cures It was better practice than using the latest tablet which had come by post from a drug firm

I do not know whether anyone now gives Lugol's iodine for *rheumatoid arthritis* or guaiacum and sulphur for *osteo arthritis* Both were once in favour I can remember a time when the physicians at Guy's Hospital regarded a mixture of potassium chlorate and iron as a specific for tonsillitis I have one doctor friend who still believes in it

The excuse for mentioning these old remedies is centred in the fact that we no longer expect to prepare any new efficacious remedies along these lines In the notebook of a friend, who succeeded his father many years ago, I find prescriptions of consultants of one or two generations ago and a number of remedies personal to the practice For bladder troubles there is faith in an American preparation, 'liquor palmetto", and also in liquid extract of pareira No doubt with improved surgical skill, and antibiotics, there is less need for such remedies, but there are occasions when a medicine

must vary with the patient It was an Irishman who said he had never enjoyed a good night's rest because he had been asleep all the time I have sometimes advised a patient, who complained of insomnia, to lie awake peacefully in a warm comfortable bed and think of the doctors who may be compelled to leave theirs To be lying down and relaxed is the important thing The first step is to achieve the right point of view during the day

Hypnotics are used freely in hospital, particularly in surgical wards, and I have always felt that the Sisters and Residents knew most about them For a patient seriously ill at home, with little prospect of recovery, the well known draught of bromide, chloral hydrate and nepenthe is valuable But it should be given sparingly because the first few doses bring the most comfort

| | |
|---|---|
| Potassium bromide | 10 grains (0 65 g) |
| Chloral hydrate | 10 grains (0 65 g) |
| Nepenthe | 10 minims (0 6 ml) |
| Chloroform water | to ½ fl ounce (14 2 ml) |

It is not within the scope of this article to discuss the use of particular drugs But with regard to morphine for a painful incurable condition, I would suggest that if it is given sparingly at first, if the patient knows that it will be administered again at a suitably stated time, we do not get those harrowing pictures of a patient crying out for relief with the relatives feeling helpless When no nurse is available for giving a hypodermic injection, a suppository of half a grain (32 mg) of morphine can be used by someone with no training In another connection a morphine suppository may in certain circumstances, for example in biliary colic, be left to be used at night if necessary

### Some Miscellaneous Remedies

At the onset of a febrile illness it was usual a generation ago to give a bottle of saline mixture (B P C) I have one friend who still adopts this course No doubt it suggests that something is being done, which may be important if a serious condition develops In most practices, however, I believe that aspirin has displaced this mixture. The modern problem is concerned with the use of the sulphonamides before a diagnosis can be made This is essentially a difficulty of general practice Seen from the hospital angle, it may be found that these drugs have been prescribed in a virus infection,

## MY MOST INTERESTING CASE

### Traumatic Mitral Stenosis

PERHAPS after fifty years' clinical experience it should have been possible to select a case of wider general interest than the following It was this patient, however, who introduced me to a subject which has remained of continuing interest to me, that is, cardiac lesions resulting from direct violence to the thorax. Although there may be no dramatic developments to record, the long period of observation, with final confirmation by autopsy make the case one of personal satisfaction

Many forms of research are carried out to greater advantage in a university centre But in a town of only moderate size, with good hospital facilities, it is easier to keep in touch with patients, so that there is scope for long term clinical research by following the course of illness over a number of years

### The Case Record

Joseph S, before the 1914-18 War, was an active artisan with excellent health He was a good athlete, interested in cross-country running, but never competed in anything too strenuous He enlisted in August 1914 as a Class A soldier, aged thirty two years, and went to France in October 1914 He was a year in the front line in excellent health In October 1915, he was blown up and buried by a shell explosion He regained consciousness a few days later in a base hospital, to find that he was very short of breath, with an irregular, heaving action of the heart There were no wounds or external bruises He was transferred from one military hospital to another, *slowly* improving and was admitted to the Derbyshire Royal Infirmary on June 4 1920 At this time (five years after the injury) there was congestive failure with some oedema and cyanosis The heart was very irregular with numerous ventricular extrasystoles There was a mitral systolic bruit and a mid-diastolic rumble The aortic second sound was normal. The heart was a little enlarged The Wassermann reaction was negative The diagnosis of rupture of the mitral valve was accepted, for which he received a pension. He improved with eight *months'* rest, and was able to sit up a little out of bed He was transferred to another hospital, but was re-

of this sort may be the indication to bring comfort and relief They *are included here as examples of something* useful, which can hardly survive when the practitioner no longer does his own dispensing

## Conclusions

The attempt has been made to discuss the scientific value of the remedies in favourite prescriptions It is not possible to rule out entirely the effect through the mind There is, however, a tendency to change which will probably increase The old bottle of medicine coming from the doctor's dispensary carried with it something personal The prescription written out with the details of the ingredients appealed to some points of view The stock mixture of a National Formulary, common to every doctor and all patients, loses something which both the doctor's bottle and the prescription contained

I believe that the best doctors use the fewest remedies For one coming into practice fresh from his undergraduate and hospital experience these notes may be of value The experienced general practitioner may flavour them to suit himself They may afford a glimpse into the history of therapeutics Many of the prescriptions in question are falling out of favour Now that it is necessary to use insulin and liver treatment in private practice, and to study how best to prescribe the antibiotic remedies, no one need feel that it is unscientific to base prescriptions on a National Formulary Not only is it convenient, but it frees the mind for more important thought My first teachers were wise in their generation in understanding the art of pharmacy Many of our most useful mixtures come from their prescriptions But progress in therapeutics has taken us to wider fields From the patient's point of view one of the best parts of treatment is the character of the doctor in whom they have faith Although our medicines may be founded on a common formulary, we must not permit any system or service to standardize the doctor's personality

1950

occasions, there is need for judicious assessment of the history, of the clinical course and of the natural history of mitral disease Now that we rely so much on instruments of precision and help from special departments, these studies are worthy of emphasis.

From the history we are justified in concluding that the heart was normal before the shell explosion. It is true that volunteers in 1914 did not receive such a careful examination as the recruits in 1939, but this man would be re-examined in France, and valvular heart disease would not be overlooked Moreover, with the hard life of a front line soldier, at the age of thirty-two years, a valvular lesion would have given rise to symptoms of distress. Quite exceptionally, I have detected unsuspected, well-defined valvular heart disease, giving rise to no symptoms, in a young athlete between eighteen and twenty-one years of age, but the response to exertion would be limited at the age which this soldier had reached

The urgent dyspnoea was recognized as soon as consciousness returned, which is obviously important. Short delay, however, does not exclude a traumatic heart lesion. In a simple myocardial contusion the onset of dyspnoea is usually delayed for some hours and occasionally a symptomless lesion (probably a tear in the endocardium) may end in rupture of the heart one or two weeks subsequent to the injury When a valve has been damaged there will be *immediate* distress. In one or two well-authenticated cases in which a systolic bruit has developed following a chest injury, but the patient has not been distressed, an injury to the septum has seemed to be the probable explanation.

The clinical course is in striking contrast to that of mitral stenosis the result of rheumatic endocarditis. In mitral stenosis which is due to natural causes the signs are characteristic at an early stage, when there is little or no distress, but tend to be less obvious when the disease progresses towards congestive failure In the patient under consideration the obvious breakdown came first, with signs rather ill defined, and when improvement came, after a number of years, with considerable relief of dyspnoea, we find the typical signs of mitral stenosis. Without any knowledge of the history it would have passed as valvular *heart disease* due to natural causes But in view of the history and course it was evident that an injured valve had healed with scar tissue causing obstruction to the mitral orifice

1956

admitted for a further stay of four months from November 1921 to March 1922 The signs were unchanged He was admitted again for eight months from October 1922 to June 1923

At the end of this time he could walk about slowly without distress He returned to his home in Derby I knew him quite well by sight, and occasionally had a chat with him in the street As the result of such an opportunity I invited him to attend a meeting of the Derby Medical Society on March 10, 1930 This was fifteen years after the injury He had not been in hospital for the past seven years, and during this time there had been no oedema He was able to walk a mile or so slowly His general condition was good The cardiac impulse was in the fifth space just external to the nipple line The rhythm was regular There was a definite thrill, associated with a loud localized, presystolic bruit The diagnosis of mitral stenosis was obvious The signs were indistinguishable from those which result from chronic endocarditis of rheumatic origin Obstruction of the mitral orifice could be diagnosed in 1920, but the signs were much more definite on the present occasion, ten years later He continued to lead his very restricted life, with an occasional day or two in bed, until the end of April 1937 when he developed lobar pneumonia with pleurisy and died on May 5, 1937 This was twenty-two years after the injury of his mitral valve

### The Post-Mortem Findings

I was present at the necropsy The heart weighs eighteen ounces (51 g) There was a scar on the surface of the left ventricle and a calcareous scar on the interventricular septum There was thickening, with calcareous deposits, of the mitral valve The cusps were adherent, leaving a narrow orifice Scar tissue extended from the base of the mitral valve into the myocardium The lungs showed grey hepatization characteristic of pneumococcal pneumonia The conclusion was that there had been a myocardial contusion involving the mitral valve, with a partial rupture of the valve, and subsequent healing

### Discussion

The notes of this case may read like the simple story of a clinical curiosity with little scope for investigation or discussion Nowadays we sometimes boast that a medical man is no longer "just a doctor with a stethoscope". In this instance, however, as of course on all

# INDEX

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R

*The medical world knows that Osler, as a corrective in 1901,* [illegible] medical knowledge that if a young man with a normal heart is told that it is diseased, he will develop symptoms of functional incapacity of the organ.

Mackenzie could tell us that sinus arrhythmia was a sign of a youthful heart, but once a young man has been told after physical examination that his heart is not sound, it may be very difficult to reassure him. During the second World War we have come across more recruits with an anxiety neurosis about the heart, from restrictions wrongly imposed in childhood, than we did in the first World War. I suppose there have been more school medical examinations. One young man has told me that the school doctor never said anything about the heart, but he always listened to it for a long time The heart is an important organ, but too much examination may make it self-important. There have been some literary articles written about the Conscious Abdomen; I think we might have one on the Self-Important Heart It differs from one that is quickened as the result of nervousness in general.

There are few things so dull and unsatisfactory to read as accounts of cases misunderstood by others, but correctly interpreted by the writer In the one or two I will recount there is something more for consideration A short time ago a young, healthy soldier was admitted to a military hospital on account of enuresis. A doctor examined his heart and sent him to a medical board, who discharged him from the army on account of alleged mitral stenosis Until this time he had been doing full duty, playing games and been perfectly well in every way except for the enuresis. Since discharge he is short of breath walking uphill and leads a quiet life, doing an inferior sedentary job. His own doctor said his heart was normal A second, to whom he went on his own account, concurred, but sent him to me A full investigation revealed no disease. He had what some people might call rather a rough first sound The point of interest is that, whereas he was fit before his heart got a label of disease, now he is unfit.

A few years ago a young woman obtained the post of lib-

rarian, she was suitable for the work. She played hockey and tennis exceptionally well, but was rejected for the post finally, because of alleged mitral stenosis Her own doctor said the heart was normal, with which I agreed, perhaps she would have got the post if her parents had been more insistent about it. She had been rejected by someone with a medical qualification who does not treat the sick. I am sure that is a mistake. Anyone who spends much time with disease is looking for the normal in a case like this, whereas those who are not engaged in practical [illegible]

[illegible] normal in the mitral valve, was there any reasonable risk that she would have been off sick or come upon a pension fund? I should say enlarged tonsils, otorrhoea, or septic teeth, or signs of anaemia were the important [illegible]

[illegible] heart was the least important organ for investigation It takes a long time to perfect one's technique of auscultation, and by the time one has clear views about the conclusions one may draw, there is a tendency to listen to the patient's story and to keep the stethoscope in its place

An old patient of mine died the other day at the age of ninety-two When he was fifty years old he was refused for life insurance [illegible]

[illegible] to another town for examination, where he passed as a first-class life.

For a medical overhaul we should prepare ourselves, not with a manner, but with an understanding mind to bring our best to the interview. We must not treat a human being as a machine. Something of a history should be obtained—what sort of games are played and the occupation and hobbies are important. Conversation will indicate the mental make-up If a man is something of an athlete, *it is worth knowing, so that a nervous heart,* batting against the end of a stethoscope, may have the benefit of the doubt.

The medical world knows that Osler, as a corrective in 1901, wrote a paper on the advantages of having a trace of albumen in the urine Now what might my friend's life have been if medical science had blundered in reference to his heart? It is common medical knowledge that if a young man with a normal heart is told that it is diseased, he will develop symptoms of functional incapacity of the organ

Mackenzie could tell us that sinus arrhythmia was a sign of a youthful heart, but once a young man has been told after physical examination that his heart is not sound, it may be very difficult to reassure him During the second World War we have come across more recruits with an anxiety neurosis about the heart, from restrictions wrongly imposed in childhood, than we did in the first World War I suppose there have been more school medical examinations One young man has told me that the school doctor never said anything about the heart, but he always listened to it for a long time The heart is an important organ, but too much examination may make it self-important There have been some literary articles written about the Conscious Abdomen, I think we might have one on the Self-Important Heart It differs from one that is quickened as the result of nervousness in general

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approval, with a view to adoption. The family doctor discovered a systolic bruit—that was the problem. It was a nice baby and the woman had already grown fond of it. She wished to keep it, but would rely on my opinion. I was prepared to diagnose an incomplete septum of the ventricles, with a heart not enlarged and no cyanosis there was no heart-block. I looked to the future, however, suggesting that there would be a normal active childhood, with average development, but perhaps as a young woman questions would arise about marriage or bearing children, which led up to saying that the child should be returned to the home from which it had come. I was told afterwards that I had given the right opinion. The child died soon after being sent back. One is always gratified to hear that an opinion has been correct, but I can only say, of the fatal termination, that nothing was further from my thoughts.

The oldest man I ever examined in this way was eighty-nine and nine months. He was sent at his own request, without much information, but the doctor said I must take him seriously He sat down in my consulting room and said that any fool could live till eighty He wanted to know if he could live till ninety That was his ambition, to go on living for another ninety days. Well, he had not brought his valet with him, but we managed to get an examination of the heart. We took a record of the diastolic blood pressure, his arteries were rather hard but not tortuous. He looked fit and was very courteous, but what was I to say? I know that Stevenson once wrote "It may fairly be questioned (if we look at the peril only) whether it was a much more daring feat for Curtius to plunge into the gulf, than for any old gentleman of ninety to doff his clothes and clamber into bed." But these words, so charmingly strung together, were to point the moral of the essential cheerfulness of age, in spite of the insecurity of life. Why should I heed them? I told him he would succeed in his endeavour, but two nights before his birthday he climbed into bed for the last time and never saw the morning

I should not feel that my experience was complete unless I had passed a man for life insurance, who had died shortly afterwards. He was sixty-three *years of age. His* general physique was good. There was no evidence of cardiovascular disease to be detected by

In examination for life insurance the profession has met with some difficult problems, as for example with glycosuria. The experience gained over years, and the advances in medical science, have corrected some former errors For the individual in question examination for life insurance need not be a particularly important concern, but it is becoming increasingly common that a much more serious problem may arise, now that so many business organisations have their staff examined for superannuation purposes before accepting them as members of the firm. To be rejected here is a great misfortune In many cases the examination is carried out by a doctor who has whole-time responsibilities to the firm It must be very difficult Here is an example An active man, twenty-nine years of age, was discovered at such an examination to have a systolic blood pressure of 155 and a diastolic of 90 He was rejected He was in perfect health, capable of playing a first-class game at lawn tennis His brain was a good one and he was excellently equipped to serve the firm Had I been managing director I would have picked him as likely to be of great value Do we really know what this hyperpiesia portends? Suppose he does tend to fail round about sixty years of age, is it not possible that a "live-wire," such as he, may have been of more value than an average mediocrity? I do not know the answer to the question which such a finding raises, but, as a matter of fact, this particular man was sent to me for an opinion and I advised that he should be accepted Taken with an average group of young men, there are so many other things which any one of them may develop, that I think we should not be too strict with the cardiovascular system which is comparatively easy to examine Which is not the same thing as to say that it is easy to assess the findings Because we find it convenient to use the stethoscope and the haemomanometer we may tend to lose our sense of proportion In this young man with a blood pressure reading higher than the average it was important to exclude kidney disease, but otherwise I think he should have the benefit of the doubt

In private practice some of these examinations can be quite interesting A few years ago I was asked to see a baby, three months old, which had been taken in by a husband and wife on

ever, suggesting that there would be a normal active childhood, with average development, but perhaps as a young woman questions would arise about marriage or bearing children, which led up to saying that the child should be returned to the home from which it had come I was told afterwards that I had given

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an ordinary physical examination. There was, of course, no *history of angina of effort. The Insurance Company* were not disposed to be critical. It appeared that they understood, and covered, such risks.

Medical science progresses—former errors may be corrected. Glycosuria is a good illustration [illegible] for a sugar tolerance t[illegible]day—one of the most satisfactory investigations which we have—*but formerly there were some individuals the worse as the* result of an examination.

Nobody knows what the outcome of mass radiology may be. [illegible] us pause. Many tubercular lesions in the lungs have healed during a comparatively normal existence. In the presence of symptoms, be they slight, radiology of the lungs is wise. In the absence of symptoms, there is a risk that some lives will be disturbed without *obtaining the cheerful, courageous co-operation* of the patient which is one of the chief essentials in arresting the disease. That is the point to remember. The very man who was taking some *care to keep fit*, or the man who was *doing well* because he led a normal life, unconscious about his health, may make a poor show *if latent disease is revealed*, because, in the nature of things, he *will expect to receive a cure*, which, *at present*, we cannot offer.

Quoting from memory I [illegible] aphorism of Lord *Horder's*—"*The art of med.* [illegible] again diagnosis." There is n[illegible] of the physician, or any other medical man, called in to investigate some symptoms. *Lord Fisher* in his autobiography says that he learned the valuable maxim "Don't prescribe until you are called in," from another medical member of the House of Lords. We are tending more and more to undertake the responsibility of making a diagnosis when we are not called in. Do we always realise what a great responsibility this may be? When Thomas Hood, the poet, was wasting away from phthisis and cracked his famous joke about the poultices "with so much mustard for

so little meat," he might have felt that life was an individual problem and that almost anything in mass form was incompatible with human welfare

A poet might say that every family doctor knows that there is a spiritual side to medicine (not quite the same as psychological), as well as the physical. Every hospital officer who has worked successfully with a ward sister through the critical stages of a desperate illness of some patient, knows that there is a team spirit of three—doctor, nurse, and patient It may be a far cry from a life hanging by a slender thread which did not snap to an individual picked out of the herd because his lung has cast a shadow; but he is an individual, with all his possible variations, and there is a spiritual side to him It will be necessary, on many occasions, to gain the understanding of a wife, or mother, at the first possible moment, lest there be the charge that he was all right until the examination came along

It is all in the right direction that the profession should be encouraged to consider health and not solely disease, but I do not think this is really new for family doctors in my time They have great experience of how the variable human being may react to a diagnosis The Responsibilities of Mass Radiology would make a good subject for discussion at a clinical society of general practitioners

This idea of a routine medical examination is very interesting I may be wrong in doubting whether it would promote good health, but at least one may say that we do not have it for ourselves. Some years ago there was a picture in *Punch* headed "When I f[illegible]

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Exami[illegible] be encouraged with some event in view,

although, before giving advice to those contemplating matrimony, it is well to know if the interested parties will abide by it Two young people were brought to Sir William Osler by the prospective parents for him to decide in a question of phthisis. When the young people were alone with the doctor, and before he gave his opinion, they told him that they knew what his advice would be, so they had got married the day before

As a matter of fact, at any rate in these days, if there is doubt, we should remember that a semi-invalid husband may be compatible with a happy marriage, but the invalid wife is likely to bring failure

I am all in favour of the family doctor taking his opportunities of giving good advice about habits He was a sound fellow in Sam Weller's story who said "four crumpets every night will do your business in six months", although perhaps he should have realised, as the conversation progressed, that it was a case for the psychiatrist It was indiscreet to tell a man how many crumpets would kill him at one sitting Mr Pickwick was justified in being startled by the tragic end of what appeared on the face of it to be a simple story

What I have seen of inspection of school children has been good, but it can be less of an event for the average child if it comes through the family doctor or the Children's Hospital As I have already emphasised, I think the examining doctor should be one who deals with disease

There are many things, more important than a physical examination, which a good doctor could bring to his patients to improve their health He could go round the class-rooms at school to observe those who are working under mental strain He could join in the games, or could umpire, watching the development of muscular physique and of character—both are essential for health, and particularly the latter The tortoise may need a little prodding and the hare a little holding back. It will bring health to one boy to be a centre-forward and to another to be a naturalist. And so it is later in life If the artisan is doing heavy work, there is no objection to his watching professional football on Saturday It is quite an attractive amusement It is better than going to race meetings or the dogs But the office worker, in his spare time,

should be taking exercise in the fresh air, although, as he gets older, not in a form too strenuous. Good family doctors have helped in these matters. No doubt they could do more, if suitably encouraged, and perhaps with an extension of the principle of remuneration by contract.

Most of my generation would have been rather sparing with regard to anything in the way of a routine overhaul. We have tended to teach people to keep away from us unless there is some disorder to correct. Perhaps we have felt that it is hard to decide just what advice should be given, and certainly we believe that a sick man is more amenable to taking it. In the spirit of my time I think most of the best family doctors have felt that running the ruler over people who are in good health is not devoid of danger. It may make them conscious of themselves But to some extent I speak historically of the past. If in this changed world of to-day they are already health conscious, perhaps the point of view is altered. We can still learn from past experience, however, we might sometimes seem to fail as servants of the public. Within a short time of some routine examination many disasters, quite unexpected, might occur, as for example a coronary thrombosis or a haemorrhage from a duodenal ulcer

An examination before entering one of His Majesty's Services is, of course, essential, even though it be granted that a few mistakes are inevitable In the main the protection is for the service. Although the conscript is entitled to protection which the volunteer may not desire For the individual there is value in medical inspection before taking up a career—as for example nursing Banking companies and industrial organisations have their em- [illegible]

advise in relation to symptoms than to assess the significance of some apparently abnormal physical finding In doubtful cases, where there is risk of individual hardship, it would be right to consult with the man's own doctor and there should be facilities for a second opinion.

## The Healthy Man and the Doctor

"SOME people," said the Healthy Man, "recommend a routine medical examination once or twice a year."

"Yes," said the Doctor.

"You, yourself," said the Healthy Man, "could have such an examination without expense and with little inconvenience"

"Yes," said the Doctor

"When were you examined?" asked the Healthy Man.

"I hardly remember," said the Doctor. "Once, I think, as a medical student, once for life insurance, before I got married, and again in the 1914 war for military service."

"I see," said the Healthy Man "Thank you"

During my time the progress of medical science has enabled us to correct some former errors—such as we made with albuminuria

overhaul

The young doctor of to-day, with his advantages, may feel confident that he can do justice to such a proceeding He must not, however, consider that a senior is reactionary if he suggests that history may repeat itself and that some of the variations from the normal, which modern methods may detect, will only be assessed correctly after the experience of a generation

The question of medical examination in the absence of symptoms might be discussed from many points of view A complete survey would make a long story These are stray thoughts perhaps loosely put together But Tristram Shandy says "*As no one, who knows what he is about in good company, would venture to talk all—so no author, who understands the just boundaries of decorum and good-breeding, would presume to think all* The truest respect which you can pay to the reader's understanding, is to halve this matter amicably, and leave him something to imagine, in his turn, as well as yourself"

of 1887 and 1897, when life in general and the British Empire seemed to be secure

Gee believed that the chief causes of arterial disease were heredity and high living, something of a gouty diathesis for which so many took a "cure" at some Spa. I have heard the story of an anxious patient calling at a distinguished door-plate, seeking an interview that morning, only to be told by the footman that the great physician was full up with appointments The patient returned in the evening to say he felt so ill that he must be seen, but the footman was adamant. Relenting a little, however, he said, 'If it is any use to you, Sir, I may say they are all being sent to Homburg to-day" No doubt it was a nice change and relieved the over-loaded metabolism

Many Victorians lived to an active old age One met them in one's boyhood There were examples in the medical profession Probably these did lead abstemious lives, and there is the well known example of an abstemious Liberal Prime Minister, full of strain and anxiety, who required no more than the care of a laryngologist to coax his voice back at the age of seventy-six, so that he might carry through one of his greatest triumphs in the Midlothian campaign. Robert Louis Stevenson wrote of "the perils of the dinner table, where most of our ancestors have miserably left their bones" As an epitaph it is beautifully said, no doubt there is something in it, but when we try to get right down to the disposing causes of arterial disease, I grant you there is something in heredity, but I am not convinced that high living of a self-indulgent kind is the chief cause

Gull once said, "Bright observed the heart and the kidneys, but he forgot the *man* between, the whole man should have been included in the specimen." And Gull himself wrote on arterio-capillary fibrosis It is the essentially arteriosclerotic and hypertensive cases which are most worthy of discussion, because in the early stages there is more scope for guidance and treatment, and Gee's clinical story records arterial disease as the first physical finding Perhaps the haemomanometer (which came into use about 1905) would have given a high reading at the first examination when "biliousness" was the predominant symptom

I remember the prosperous Victorian dinner table, and very

# *The Beginnings of Disease*

> [illegible]
>
> [illegible] When
>
> And How and Where and Who
>
> RUDYARD KIPLING.

SIR Samuel Gee published a medical lecture on *The History of a Case of Cerebral Haemorrhage*, it is not dated but others in the volume come between 1867 and 1903, and we know that he described Coeliac Disease in 1888 The lecture begins by contrasting hospital with private practice, in the former post-mortem examinations are the rule, but in the latter one may know much more about the patient and perhaps follow most of his life history

The clinical story opens with a middle-aged man, previously robust, seeking advice for biliousness, he fares sumptuously and by this time feels he needs the wine he takes The next event is painless haematuria, [illegible] and the pulse "a little ha[illegible] When the blood clears up there is no albuminuria He resumes his former habits (that is the over-eating and drinking) when in two or three years the haematuria recurs Gee thinks of heredity and good cheer as disposing causes The essential lesion is arterial degeneration Advice, which is not taken, is given about more abstemious habits, and perhaps another doctor suggests "good old port," because he thinks the patient is "a peg too low" *In* the course of time there comes an urgent call, he is mildly aphasic with numbness in the right arm and slight hemiplegia There is albuminuria, the arteries are thicker, the pulse more hard and the cardiac impulse heaving He takes the advice offered, with benefit, but then relaxes, goes for a holiday and dies of cerebral haemorrhage 'He was nearly sixty years of age" We may call him the prosperous Victorian—the Man of Property—and shall we say he died some time between Queen Victoria's two Jubilee years

enough cricket and golf to keep him fit. He died of coronary thrombosis

Speaking from memory, I once looked up some records which had been prepared for Lord Dawson, who was opening a discussion on Hyperpiesia. School-boys were investigated so that healthy arteries could be studied. There was some evidence that boys working for a scholarship gave a higher reading than their fellows. This line of thought seems to me to be the most in keeping with my own experience To be a little bit keyed-up—not able to relax. Is there a lesson to be learned from cricket? It is easy enough for two batsmen to go in first and knock up a hundred runs, but the next man to go in may not get any If he is at all keen, he has been sitting prepared for a long time, risen for an occasion that might come any minute, but flat and tired when it arrives Some people get keyed-up in life, time and again, for an innings which they never play

No doubt there are many causes of arterial disease. Perhaps this idea that arterial hypertension is essentially due to psychic causes is too simple an explanation In these days, however, it would make a better clinical story than the one of a prosperous, self-indulgent Victorian digging his grave at the dinner table. Moreover it can be applied to both sexes I think it may be accepted that there is more arterial disease in women than formerly If this be the true explanation, where is the Homburg treatment for the mind? It was a simple thing to advise a few weeks of a simple life, but it takes all the ingenuity of the best family doctor to relieve the anxious temperament. Trying to relax may be rather like trying too hard to go to sleep, which sometimes defeats its object.

In the advanced stage of disease the hard pulse and the hard arteries are both present in a considerable number of cases, but in the beginnings we may be chiefly concerned with one or the [illegible]

[illegible] vexation and intemperance. I think this contains some wisdom. These three—and in our time the greatest of these is vexation

good dinners too, nothing that could possibly do any harm as an occasional event, with a quiet evening and "*carriages at eleven*" Their children and grandchildren have eaten less and taken more exercise, but their alcoholic liquors have been more poisonous in themselves, much more likely to damage the mucosa of the stomach

Do we really know anything about the early stages, or the aetiology, of arterial hypertension and arterial degeneration? I can call to mind four men, whom I knew really well, of each one of whom it could be said, "he was nearly sixty years of age" when he died, in all of whom the arterial problem was recognised some years before, and every one of them abstemious The first was a successful surgeon, not overworked, but not having the gift of doing things with ease He smoked a pipe in moderation Both his parents lived till eighty I believe he adopted a career which entailed strain, which would have been beyond the capacity of his relatives He was never robust, but played a little tennis and golf He died of cerebral haemorrhage The second was a medical man in a salaried service. A keen footballer as a student he remained in good training with cricket and golf, both of which he played with ease He was abstemious and a moderate smoker His work was well in hand, but I think he probably had considerable personal anxiety He had a coronary thrombosis and died suddenly later The third was a successful business man Three of his grandparents lived till eighty, as did several uncles and aunts, and his parents till seventy-five He was a total abstainer and a non-smoker He did not eat too much, of which some teetotallers are accused He had no restful hobbies, and played football when he was old enough to know better He played cricket till well over fifty, and I should say made an anxious business of it, rather than a recreation He ended with a cerebral thrombosis I think he was restless and keyed-up by nature He had few anxieties The fourth was his brother—a familial association, but not hereditary in view of the forebears He was a total abstainer till forty years of age He smoked a pipe and had restful hobbies They were in business together, and perhaps got a bit excited over it, but did not suffer from failure or too great success *This man had a normal, healthy existence with*

one at a British Medical Association meeting, which body was forming committees in many parts of the country, and another in Copenhagen, where an International Committee was being formed in 1884. Printed forms, with a simple questionnaire on many subjects, were prepared. There were fifty-four committees in the British Isles, with eight hundred to a thousand leading practitioners enrolled through the British Medical Association. Memoranda were issued on acute rheumatism, acute pneumonia, inherited and acquired syphilis, diphtheria and on the evidence of contagion of phthisis Considerable stress was laid on family histories, with some misgivings that the head of the family might not co-operate on all occasions. "There is a lurking dread in every man and in every family, of exposing their frailties"—those are the actual words. Perhaps it would be comparable to searching for reliable evidence from tombstones. Samuel Johnson once said "In lapidary inscriptions a man is not upon oath." Volumes were published which Gull had with him in Copenhagen. One ought to read those volumes Perhaps a good deal was learned, but nobody ever told me about it when I was at Guy's. At Copenhagen he could report that 1,078 members of the British Medical Association had returned answers about the communicability of phthisis 261 had observed it, 39 had reasonable suspicion and 105 had offered facts and arguments" to negative the view If I have the figures correctly there would appear to have been a large number of inconclusive answers. (Did those reactionaries who argued against the contagiousness of phthisis know that the Arabian physician, Avicenna, some eight hundred years previously had taught the doctrine that this disease might be communicated from one individual to another?) The other subjects were perhaps more difficult, at any rate in 1884. For them there are no figures at the International Meeting

Essentially the idea of collective investigation is quite sound, but it is one particularly difficult of approach. I should imagine that one enthusiast in each district would need to go about, really getting down to the subject with the doctors Something of this sort has been achieved recently in Newcastle-on-Tyne, with regard to infant mortality A few years ago the Ministry of Health put forward an enquiry about cancer, which was a com-

In 1921 I was interesting myself in the life history of the renal dwarf I sent the reprint of some notes to the *Medical Officer of* Health for the county, asking *him to be so kind* as to get the school *medical* officers to look out for examples of late-rickets He replied that what we wanted was a study of the beginnings of disease I believe he had got this thought from the writings of Sir James Mackenzie, but it was not new Forty years previously Sir William Withey Gull had expressed the thought in several published addresses I was not unduly discouraged It is a sound medical practice to know first the morbid anatomy, which tells us what we are dealing with and where Then comes the clinical picture of the established disease which teaches us when and in whom Next follows the study of the early symptoms *which* lead towards the beginnings of *the disease, but often enough* we cannot say how *the condition* began or why

One would conclude that the two *conditions*—hyperpiesia and arteriosclerosis—are favourable for the study of the beginnings of disease. Gull, like Gee, has something to say about his private practice being a necessary corrective to the hospital experience He emphasises the importance of morbid anatomy, but a true pathology cannot be reached by studying the results of disease on the post-mortem table alone (It was a distinguished surgeon in Leeds, a generation later, who taught the pathology of the living, as seen *in* abdominal operations )

It would, Gull says, *be like trying* to determine the physical geography *of a* country by measuring and *analysing the* contents of its rivers as they fall into *the* sea It would seem, however, that he, like other explorers who have entered by *a river mouth*, found the real difficulties began as the channel narrowed and tributaries fell in, because he was an enthusiast for a movement called the Collective Investigation of Disease, which does not seem to have traced anything to its source

Someone ought to publish a complete history of this scheme The prime mover was Dr Mahomed of Guy's Hospital in the eighteen-eighties, an enthusiast often full of a new idea, but he really did launch this one, and if it landed on the rocks in time, perhaps it was because he, its first secretary, died of typhoid fever at the age of thirty-five Gull gave two addresses on the subject,

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plete failure in the area in which I work Doctors were invited, when a patient died of malignant disease, to send a notification to the Medical Officer of Health, from whose office a medical enquiry would be instituted with the relatives about the early symptoms and origin of the complaint I wonder if the human element in Dr Mahomed's Collective Investigation had been studied How could any doctor countenance an enquiry of that sort about his patient? He might have tried to answer a questionary with regard to those who had consulted him too late—for example with a breast tumour or for metrorrhagia—although health propaganda from that point of view sometimes aggravates the problem by frightening women away from the doctor District nurses, living and working in the area, are the people to get the confidence of these women But it would be quite impossible to allow another medical man to make enquiries from the relatives about the early symptoms of a disease, such as carcinoma of the stomach, at a time when there had been headlines in the daily papers, taken from the speeches of a distinguished surgeon that "cancer can be cured" It is a much deeper psychological problem than just the reputation of the family doctor, although that reputation is one of his best therapeutic assets and is usually deserved But anyone who has known a difficult widow, with a fixed idea that her husband should have lived, could explain that this type of misfortune would be multiplied by such an enquiry, with detriment to the community

There is something very attractive about collective investigation, but if we revive it again we must approach the scientific medical societies in the first instance There was a little bitterness about the want of response to the local cancer scheme, but if it [illegible] or three prepared [illegible] n no [illegible] long [illegible] quite other lines

We are developing new branches of medicine There is Industrial Medicine and there is Social Medicine The Industrial Insurance Societies have spoken of research into some of the commoner disabilities They have high expectations of the National Health Insurance records Their point of view is very

reasonable; but the wisdom of the best family doctors must be sought before rash promises are made. For certification purposes there must be a label but this is not necessarily a diagnosis

Sir James Mackenzie has much to say about the beginnings of disease and even more about teachers of medicine, who should have had many years in a family practice I see his point, but somehow I would put it in a different way Gull and Gee valued their own private practice as a corrective to their hospital experience. Their successors in the teaching schools to-day are almost entirely engaged in consulting work. We hear a good deal about post-graduate study nowadays, which of course is most important, but I venture to suggest that, if it is handled in the right way, the post-graduate students coming from a family practice will bring their share of knowledge. It should be carried out in that spirit. If I may give a personal reminiscence, I went round my wards once a week for fifteen years with several family doctors, which added up to a considerable number in all, so that I speak from experience about the knowledge they can impart.

I think in hospital to-day we do ask the questions how did this come about and how will it end We have "follow-up" clinics, although we must watch that we do not take over the family [illegible] The beginnings of disease may be insidious [illegible] an essay on how a little illness may save many lives It is the artisan's chief rest from work.

How may one commence the study of the beginnings of disease? On the whole I think I should aim at a psychological approach. As William Cadogan put it—vexation. What was the state of the nervous system when these symptoms crept in? If we return to Gull's metaphor of gross disease, comparable to the waters at a river mouth, I think a navigator travelling up-stream toward the narrows and the source should have graduated in a general practice.

There is a good deal of pseudo-scientific nonsense talked about

[illegible]

difficult, however, to go back over a period of years to find out what really has been the fare of a particular individual.

Mackenzie in his later years was starting out on a detailed investigation of the subjective sensations of which a patient might complain when he was "out of sorts"; but the few examples traced in his writings will only illustrate an early diagnosis The improved methods of physical examination have done so much for this. The question that we wish to solve is why does a particular disease begin. In a large proportion of cases we do not know the answer. It is something to know that; but I am all in favour of William Cadogan's teaching about the evils of indolence, vexation and intemperance. These are sound general principles, but it may not be fair to apply them to a particular patient. When we were decorating the wards for Christmas 1899 we found a text over the bed of one of our patients, which said. "Sin no more lest a worse thing befall you," and in the spirit of fair play, due to our ignorance of the aetiology of his disease, we put the text into the coal fire which had uses unknown to modern central heating.

From both Social and Industrial Medicine we may look for the answer to some of our questions about the origin of disease. But we know that the managing director and one of his labourers may develop a similar morbid condition. When we do not know how or why a particular disease begins we can only discuss the laws of hygiene as a possible preventive. If I should add that I believe the right character, developed in childhood, is the best insurance against avoidable disease, it would seem that I have expressed this thought before. The *Autocrat of the Breakfast-Table*, however, says "He must be a poor creature that does not often repeat himself."

Trotter in 1933 points out that in the atomic world all quality is quantity. He foresees the necessity of "an exact and exhaustive numerical exploration of the facts of disease." He suggests that "our final conclusion must necessarily be, that if medicine is to acquire a secure foundation of exact and measured data, it can do so only as the result of enquiries far more widespread and co-ordinated than have yet come within the range of practical con-

templation." This is a return to the idea of collective investigation.

If we develop a State Medical Service we may facilitate this kind of research, on the other hand, we might kill all initiative What were the words already quoted from Oliver Wendell Holmes? "Every real thought on every real subject knocks the wind out of somebody or other" Will it be unwise to knock the wind out of some senior in a salaried service? On the other hand, would it be possible for a number of juniors to elect the right senior? In one sense that has been our principle in a free world hitherto, because young men have been attracted to the clinics and laboratories where they find the most stimulating teachers.

## *The Non-Co-operative Society*

"ONE man," said the Morbid Anatomist, "can work out what a particular disease is and where it will be found."

"One clinician," said the Physician, "may study the subject of when it occurs and in whom."

"The most important knowledge," said the Scientist, "would be how it comes about and why"

"Yes," said the Physician, "we need more knowledge of the beginning"

"For that end," said the Scientist, "many research workers must combine."

"True," replied the Physician, "but to hunt with a large human group is not so simple as with a pack of hounds in which natural ability will take the lead."

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# Medicinal Remedies

"I can't tell you just now what the moral of that is," said the Duchess 'But I shall remember it in a bit"
'Perhaps it hasn't one," Alice ventured to remark
"Tut, tut, child!" said the Duchess, "everything's got a moral, if only you can find it"

*Alice's Adventures in Wonderland*

It would be in the year 1898 that I attended a lecture on pharmacology, of which the opening sentence was to this effect "Gentlemen, an alterative is a drug which gradually alters and improves a diseased condition of the body, without producing any evident external manifestations" To come within the definition of alterative there had to be a little mystery about its action At least it was not an emetic, or a purgative, nor yet a diuretic, or a diaphoretic That wise old judge of human affairs—Samuel Johnson—wrote in a letter dated 1775, "my opinion of alterative medicine is not high" I think perhaps arsenic and potassium iodide were the star performers I suppose mercury and sodium salicylate were a little too specific, or did we call them facultative alteratives? I should not be surprised These lectures were by way of preparation for the wards We took them during our anatomy and physiology days, and we had to pass in this subject, or take the whole examination again

I suspect that both the lecturers and the examiners were a little ashamed of the whole thing When a tutor opened a revision class with the statement, "the dose of croton oil is *not* half to one ounce," he was sure of his laugh like any other comedian, but it did not really impress his students favourably It all seemed rather queer We had got to pass this examination, but it was not a real subject like anatomy or physiology—there was a catch in it somewhere We could recognise that it was put before us in an artificial, non-committal way

I suppose our teachers knew that very many of the drugs about which we had to learn were indeed of little value, but it would

not help to tell us this When Sir James Paget was an apprentice in Yarmouth, a cousin, who was a doctor in Chester, wrote to him in 1830, "all the articles of the Materia Medica really useful may be contained in a Quart Bottle." Years later Sir James docketed this letter "very poor and foolish." No doubt he had been wise as an apprentice to treat it with scorn, but scientifically it may have hit the mark.

I think we were taught in the spirit that it would never do for a young doctor to know less than a dispensing chemist. I was encouraged later on when I attended Mr Arbuthnot Lane's surgical out-patient department, where he would prescribe a little arsenic and some iodide, and then say that he would leave the making of it up to the dispenser, because he knew so much more about it. For examination purposes we could write out long lists of all the preparations of some drug or another with the correct doses, but one of my friends, when a house surgeon, prescribed two things which would have made plaster of Paris—or so said the hospital dispenser—and one of my mixtures, on the only occasion on which I acted as a locum in a general practice, looked quite nice and peaceful when I wrapped it up—but it blew the cork up to the bedroom ceiling at one o'clock in the morning No one was hurt, and strange to say my reputation did not appear to have suffered.

Now in the oral examination for materia medica, I was asked only [illegible] the p[illegible] was [illegible] the p[illegible] [illegible] these three things get mixed together, but in all these years that have gone by since, I cannot remember that I have ever prescribed it. Of course there are ways of remembering the composition of such powders, which either an examiner or a candidate *may use* It was like those candles in Cranford—we knew and he knew, and we knew that he knew, and he knew that we knew that he knew It was an early practical lesson in keeping a straight face

We may remember that Stevenson had a kindly word for the scraps of science which remained in his mind. He was grateful to remember that emphyteusis was not a disease, nor stillicide a

I have been reading Sir Henry Dale's Federick Price Lecture, entitled, "A Prospect in Therapeutics" After reading his masterly survey in 1943, it seems rather trivial to recount odd memories of mine at Guy's, and yet they catch a little of the spirit of the time. I remember the case of a boy with typhoid fever He was progressing favourably with a mild attack, with no prescription on his bed letter The physician, who was President of the Royal College of Physicians, suggested that we should let him have a bottle of medicine, lest his mother should think he was neglected when she came on visiting day One could write an essay on that. A boy does not do well unless his mother is satisfied Sir William Gull had written "There are many good general practitioners, there is only one good universal practitioner—a warm bed." Nevertheless, the public were not educated to this truth when I was an undergraduate. Although a time would come when a young girl would write on a post-card "I am in the Derbyshire Royal Infirmary keeping warm under Dr ——" (mentioning the physician's name)

For our pneumonias we knew the value of morphia hypodermically We gave them brandy, and a good deal of strychnine. We usually began treatment with ten grains of Dover's powder They had a linseed poultice or an ice poultice—the latter rather difficult to prepare One of our physicians got into hot water, in a private consultation, by ordering a change to ice instead of linseed with the result that the family doctor said his practice would be ruined.

I have one odd memory of a man with pneumonia, who looked, towards the sixth or seventh day, as if he might be defeated. We had got the last shot out of our locker when the physician came round. He prescribed ten grains of musk to be taken three times a day We were told it cost ten shillings a dose. I put it down in a note-book, which survived until it was pulped to make munitions forty years later, but I have never seen musk prescribed again, although our patient pulled through to recovery

One could write an essay on that incident. There are times when it is encouraging to everyone to have some little extra. It is in keeping with the spirit of a voluntary hospital that no

crime. These may be good conversational gambits, but what can one do with *pulvis jalapae compositus*, or with croton oil, apart from the folly of prescribing them?

There are some odd bits of knowledge that would have entertained us. As for example the link between Dover's Powder and Robinson Crusoe, that when a nurse used a Higginson's syringe she was perpetuating the name of a mid-Victorian Liverpool surgeon; that Peruvian Bark was used by one of Cromwell's soldiers as a specific remedy more than two centuries before the malarial parasite was identified. We might have been told that a Birmingham physician in 1785 wrote an *Account of the Foxglove and Some of its Medicinal Uses*, or that in 1891, at a medical society meeting in the north of England, organotherapy was born. Or perhaps we ought to say re-born, because we are told that the Chinese, long ago, fed cretins on sheep's thyroid gland. I have often thought that in the medical curriculum it is the dull subject that should have the bright lecturer.

Medicinal therapy was at a low ebb at the end of the nineteenth century. Polypharmacy was dying. Drugs which acted on the bowel had more or less stood the test of time. James Curry, physician to Guy's Hospital about a hundred years previously, had been nicknamed "Calomel Curry." Perhaps our great-grandparents had tougher insides and were not disposed towards a spastic colon, although Lauder Brunton, in 1870, could say in a lecture—"many years ago a paper was published on the action of belladonna as a purgative."

I seem to remember that our lecturer in pharmacology told us that our drugs must cure safely, quickly and completely, but that sometimes we had to give a medicine which we knew would do no harm and we hoped might do good. What a falling off was there. We then entered the medical wards in the last year of the nineteenth century. Pharmacology must be translated into therapeutics. I do not remember any special course. We just picked up what we could, and I do not think we were taken by surprise when we found that so little physic was in evidence. We had been warned—not actually in words, but compared with anatomy and physiology, the subject of medicinal remedies had been presented in a manner unconvincing.

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One could write an essay on that incident. There are times when it is encouraging to everyone to have some little extra. It is in keeping with the spirit of a voluntary hospital that no

expense must be spared. A good consultant likes to feel that he does not use anything in private practice that has not proved its worth in hospital. It was the right spirit. I always remember Mrs. Patrick Campbell in *The Thirteenth Chair*. She was alone in the room, waiting for a spiritualistic message. There came a knock, and she said: "It is a sign." When it was only the butler who opened the door to deliver a note, she said: "Never mind—it was a sign all the same."

There was some criticism of the "stock mixtures" in the dispensary. It was understood that no dispenser had the time to make up all the bottles of medicine to separate individual prescriptions, but some of the older physicians were afraid that we should not learn how to write an elegant prescription. We never did learn; but before very long the family doctor had his own stock mixtures, and the consultant concentrated upon diagnosis. As a house physician one kept to the few well-tried medicines. [illegible] drugs.

In private practice and the out-patient department of a provincial hospital one seemed to find simple remedies rather more valuable than one had expected. The great thing was not to upset the digestion. Many of the patients who attended over a period of time received some sound advice, in divided doses, before the bottle was replenished. Some day, when those large glass jars filled with different-coloured medicines in the hospital dispensary are no longer in general use, I hope one or two of them will be kept in the museum, so that the new psychiatrist will remember how his predecessor got the same result. It may make all the difference who prescribes the medicine. Mr. Lloyd Roberts of Manchester knew this fact about the prescriber when he told his patient, at a consultation, that there was just "one thing more" he wished her to take. After leaving the sick-room, he chatted away to the family doctor about all sorts of things, [illegible] When

When the National Health Insurance Act came in, no one was more impressed than the domestic servant. She could not always call her soul her own, but now she had her own doctor. There was a certain distinguished lady whose cook went to her panel doctor, received a prescription, which she took to the chemist, and brought home a bottle of medicine beautifully wrapped, with sealing-wax and all. Harley Street could do no more. The cook derived so much benefit from one bottle, that the mistress went to the chemist and insisted on having one for herself.

The lay public believed in the efficacy of medicines. I was once playing what some people would call an important golf match. [illegible] h [illegible] st [illegible] d [illegible] better after taking them.

[illegible]

number of bottles was checked. Opportunities arose for giving advice and, what is not always remembered, of repeating the advice, which is just as important. Often enough while one member of the family drank a little too much medicine, it gave the doctor a chance to advise some other member about habits in general. It was sound and safe family doctoring. If a man could pick out acute appendicitis, or a perforated gastric ulcer, he was doing a good job of work. We did not know the expression "psychosomatic medicine" We had our failures on the psychic side, but not very serious as a rule. I think one should add that most of our patients in those days professed a religion, or at least felt that they held some philosophy of that sort handed down from their parents. It made a considerable difference. There was a mental background. Samuel Johnson said: "There is but one solid basis of happiness, and that is the reasonable hope of a happy futurity. This may be had everywhere."

This medicine bottle, apart from what it contained, had a

trade of its own I learned this, more than thirty years ago, from an old lady attending my out-patients' One day she seemed rather distressed A misfortune had befallen, and before she had the bottle replenished with something pink and warming she told me her story It appeared that she was by profession a purveyor of medicine bottles She noted those better-class houses at which a doctor made regular calls She went round to the back-door, in [illegible] of buying in the cheapest market, to [illegible] am-bulator to such chemists as [illegible] e tragedy befell when she left a full perambulator in the [illegible] t while she had a glass of stout, and someone stole her whole stock-in-trade I did what I could to help her, but she never got her property back and the 1914 war brought a shortage of bottles, so that the most distinguished patients had to return the bottle to the doctor, or go without the medicine

In 1919 we all seemed to start again—doctors and patients Instead of a little milk and a bottle of bismuth mixture, we soon had a full gastric regime The hospitals and consultants devoted most of their talents towards investigation and diagnosis They did little prescribing, except through the family doctor New remedies, more complex than the old simple mixtures, were available There were many more qualified medical men and women who were not engaged in the treatment of disease These, and other circumstances, tended to change the simple philosophy that a bottle of medicine was essential in every case of sickness We had passed the stage of putting faith in a medicine which we knew would do no harm and we hoped might do good. We had to assess the value and dangers of some potent remedies—often enough with little power of doing good There were vaccines, although these were not new, and there were some attempts at chemotherapy, which were not destined to survive

It was necessary to reorganise medicinal therapy when the parenteral route of administration was becoming popular It would not be right any longer in hospital to appeal to the patient, or the relatives, by injecting something no better than a placebo I had intended to keep this miserable word out altogether I think, however, that placebo does come in here, because two

quinine pills before a golf match are rather different from an injection of pituitary

What does the average doctor, however, feel about a placebo? To call his mixture by this name is to sign its death certificate as an agent of any therapeutic merit. Under ordinary circumstances he is in no mood to deceive his patient. He knows of a bottle of ... ood in similar cases. He ... a critical spirit As an ... self a little than delib- ... nother he omits to use it, and the result is disappointing, so that his belief is confirmed that it does alter and improve a diseased condition. Sometimes the pure scientist has a pet theory of his own, which is based on evidence less convincing, and does not have the excuse of being helpful to other people.

... the Bottle

not to the new prospect opened up by *experimental therapeutics. It* is more the simple psychic problem of common ailments with natural tendency towards recovery Gull said that remedies act best when there is a tendency to get well. The family doctor is *reconstructing* his methods, but he has lost some of his power of *keeping in touch* with simple problems It is in the nature of ...

The pure scientist has tended to criticise some of our therapeutic efforts—it was so with our hormone remedies—*but he does* ... problem ... doctor may be ... which ... ome attempt. It may be expensive, and seem more futile, to use something quasi-scientific instead of the bottle of tradition.

In hospital some of our simple investigations, such as a leucocyte count, may take the place of a placebo It will show that we are being watchful, but the family doctor has a very real problem, which each must solve for himself. It was all very well for

Trousseau to hand his prescription to a patient saying "Take this while it is still curing" He had other more important duties to perform But it is a nice problem for decision, as to whether one shall appear to commit oneself to some remedy, which will be known to the patient and the relatives *The majority will recover* and it will create a demand That old bottle of medicine, dispensed on the doctor's premises, was discreet and told no tales. It could be varied according to circumstances which were not related to its therapeutic powers We have lost something in its passing

Of course the obvious answer seems to be that the psychological side of the illness should be assessed This, I think, is increasingly understood, but sometimes there are too many cooks—only the doctor could make up the medicine, but any friend, or relative *may take a hand in making up a mind* Perhaps we find that a small upset becomes a big affair, and we wish the therapeutic efforts could have been corked up between the appropriate times for dosage

I have been trying to remember what our simple mixtures were Rhubarb and soda, or gentian, was popular Perhaps a little bromide would be added Nux vomica was useful Or it might be bismuth or a carminative There was more in valerian than its unpleasant taste Did so-called expectorants do any good? The bronchitic patients thought so The modern psychiatrist in his consulting room will prescribe some much more dangerous drugs than these It is in no criticism of his work that I would say that, occasionally, it may be for the drug his patient comes

It is easy for the consultant to know where he stands He must not recommend in private what has not proved its worth in *hospital* For the family doctor, whose calling is so much more difficult, the indications are not so clear I have not mentioned the spate of literature which flows from the drug firms, but I have touched upon some of the problems which have been in evidence during the last forty years

In the *Life of Sir William Osler* there is an interesting story of how a certain layman came across the famous textbook of medicine in 1897 He read the whole of it with deep interest and pleasure But of Osler's views on treatment he wrote "To the

layman student, like me, demanding cures and specifics he had no word of comfort whatever" And the story tells how, in the course of time, out of this thought, the Rockefeller Institute was founded.

Osler, himself, wrote as follows to a medical critic, "—about my textbook, there is so much treatment abroad in the country that I have to do all I possibly can to lessen it" Sydenham, more than two hundred years previously, had advised doctors that they should "not so far blunder as to fancy that they have saved the lives of patients whom it would have been a hard matter to have killed"

In 1943 Sir Henry Dale can point to the achievements of experimental therapeutics, and look forward to the prospect of a brilliant future for this branch of science There may be a change in the doctor and patient relation which will take the last dregs of faith out of the bottle of medicine, but it was a noble stop-gap between polypharmacy and the coming of [illegible]

pr[illegible] some cousins and myself—we went for a walk with a nursery governess When one of us fell into a bed of nettles we were shown a dock leaf on the other side of the road, as a proof that Providence had placed at hand a cure for each disease, if only we could find it. An old wives' tale which might raise a kindly smile from the medical profession by the time I qualified Cures were few and far between, to hunt for them seemed scarcely worth the trouble The study of medicine resolved itself into how the nettles can be avoided and in which month it is they sting

Then came the sulphonamides and penicillin—neither of them newly discovered when first applied as therapeutic remedies. Was it possible that the old wives' tale was true?

Not altogether an old wives' tale, however, for in the days of Cromwell, Thomas Sydenham had written "Nevertheless I have no doubt that out of the abundant plenitude of provision for the preservation of all things wherewith Nature burgeons and overflows provision has also been made for the cure of the more serious diseases which afflict humanity, and that near at hand and in every country"

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# *Pathognomy at the Bedside*

For there are mystically in our faces certain Characters which carry in them the motto of our Souls wherein he that cannot read A.B C. may read our natures.

*Religio Medici.*
SIR THOMAS BROWNE.

IT would be a good question to set in a final examination Describe what may be learned by study of the patient's countenance. Most students would mention the Hippocratic facies the risus sardonicus, circum oral pallor, a malar flush—all these and more—not forgetting cyanosis and dilating alae nasi. One that would be worthy of honours should add that many of the most important conclusions may be drawn from changes in facial expression, which are there to read but in themselves are indescribable

The ward clerk sees some of them. Sister may see what others miss The house physician sees much more than when he was an undergraduate, and the physician most of all—if he is the right type of physician. Now a shrewd ward clerk, looking on, may see much more expression in the patient s face when the physician arrives There is only one personality concerned with Babinski's sign or a rash (excepting of course a blush) but there are two personalities in the ordinary way, to many facial expressions The simplest illustration may be taken from a man with a slight degree of facial paralysis, in which we all know that an involuntary smile gives better evidence than attempts at voluntary movement. A doctor friend of mine once told me that he found it difficult to achieve a smiling patient. It is the easiest thing in the world if you remember that mirth is infectious and find some simple means of smiling with him.

A good medical face at the bedside however, draws out from a patient innumerable expressions, of all varieties and delicacy of shade It may be compared to a wireless receiving set. It picks up messages in direct proportion to its sensitivity And moreover,

Scientific medical study has been concerned with the nature of disease. The layman has been critical, at times, about our neglect of therapeutics. He has noticed that a good deal of medical science is of interest for itself and has enquired about its application. Guesswork polypharmacy was killed before my time by the morbid anatomists. We have covered a whole era from the alterative, which would do no harm, to the drug which is not too toxic, and can be tested outside the body against the causal agent of the disease to demonstrate that it can do good.

No doubt the Duchess was right when she said "everything's got a moral, if only you can find it." When a new therapeutic agent of real potency seems to arrive as a sudden discovery, as if it were a happy accident, the moral of that was explained by Pasteur when he said: "In the scientific world chance only comes to the mind that is prepared."

He would have cut a poor figure as a doctor. It may be a bad sign when someone does not look us in the eye. It was the pawnbroker in Stevenson's story of *Markheim* who said that sometimes a customer with something to sell could not look him in the eye, adding, "Well, he has to pay for that." For those of us, however, who meet people down on their luck, or tired and out of health, it behoves us to reflect that one who does not look us in the eye might do this quite easily with someone of greater understanding than ourselves.

By what right does one use this word Pathognomy? I got it from my great-grandfather who was a Member of the Royal College of Surgeons, London, and who became, eventually, lecturer on Elocution at Harvard University He edited a book on physiognomy, and it appears that pathognomy signified the study of the movable and moving parts of the face, or, as they called it, the physiognomy of the passions. We read much about the standard types—The Sanguine, The Choleric, The Melancholic and The Phlegmatic, but there is no mention of the finer shades. It is far removed from anything which my great-grandfather can have used at the bedside of his patients before he gave up medicine for elocution—perhaps what he saw there may have been indescribable in words.

In the standard book on physiognomy of the eighteenth century by the German, Lavater, we find the word "pathognomy" in the index, and turning up the reference may read: "Pathognomy has to combat the arts of dissimulation; physiognomy has not." From this, I suppose, we may draw two conclusions. First, that the word was understood so well that no definition was required; the second, that Lavater was more interested in anatomy and measurements of the features than in facial expression.

It may be true that "pathognomy has to combat the arts of dissimulation," but the messages, when understood, have less possibility of being misleading than have words. Joseph Addison, in the *Spectator*, wrote, "a man's speech is much more easily disguised than his countenance." Dickens points out that there may be no messages, when he describes Ralph Nickleby's clerk: "The expression of a man's face is commonly a help to his thoughts, or a glossary on his speech, but the countenance of Newman

when it is obviously working, more messages are transmitted I once went out in consultation to see a well-known woman whom I had never met She called for her horn-rimmed glasses and gave me an honest stare When I said "Do I pass the test?" she responded "You'll do" This is not so trivial as it might seem. For once in a way that it is expressed in words, there are many more occasions when it can be assessed by the patient's facial expression A child on all occasions, and an adult who may be seriously ill, should have the opportunity of taking a good look at a doctor who is a stranger In hospital one may come straight to the point, in some cases, by asking a young woman why she is looking at Sister, whom she can see any day in the week, and not at oneself

We know an anxious expression, we can recognise fear We may get a hint that something is withheld, or by contrast a look of complete confidence The common emotions of suffering, surprise or disappointment can be recognised in the face. We can see, perhaps, that there is some question on the tip of the tongue. There is little to gain by verbal descriptions It may be all commonplace enough, but the physician who can send his messages in return by the same channels, or sometimes by word of mouth, will get better results than one who uses conventional gestures and platitudes in the belief that he has a bedside manner

The eighteenth-century enthusiasts for their science of physiognomy liked to use high phrases, such as to call the eye "the window of the soul" It is true that the use of the ophthalmoscope is not the only means of looking beyond the lens It is also true that in some cases of hysteria, or, if we may use the term, state of nervous exhaustion, the patient may pull down the blinds of the window by closing the eyelids

Often enough, however, there is something short of this, in which a lack of mutual understanding is the reason why no messages are passing When I was a small boy I heard a cold and rather pompous grown-up laying down the law that no dog could face the human eye for long When we were relieved of his presence I tried out the experiment with my own dog, and found that we could look at each other almost indefinitely I wondered what was wrong, but I think now it was the grown-up

words, but he skims lightly over the bumps, telling the Bostonians to have an open mind in their studies, and not to expect too much.

I do not know when phrenology died, but I have seen it as a side-show, beside the seaside, and the "professor," at half a crown a time, was well worth the money to the small boys looking on. One of the first patients I attended in private was a pawnbroker,

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*The Expression of*

cerned with such questions as the reason why we turned up our noses in contemptuous moods Not, you make me tired—but, I do not like the smell of you. He admits that there are many well-recognised expressions of the countenance that are difficult to describe. He concl

the expression of my face, as accurately as possible, in accordance with the expression of his, and then wait to see what thoughts or sentiments arise in my mind or heart, as if to match or correspond with the expression." I think this is

Noggs, in his ordinary moods, was a problem which no stretch of ingenuity could solve"

Physiognomy had been studied by Hippocrates, Aristotle and Galen The layman had views—just as he has to-day Joseph Addison could write in the *Spectator* "For my part I am so apt to frame a notion of every man's humour or circumstances by his looks, that I have sometimes employed myself from Charing Cross to the Royal Exchange in drawing the characters of those who have passed by me" He was thinking probably, in the main, of facial expressions Lavater, who concerned himself chiefly with measurements and the more fixed features, gives one hundred rules, but they are not very convincing, although there may be some wisdom in what he has to say about the forehead the nose and the chin

Mr Shandy took the nose very seriously You remember how he was prostrated with grief when he heard that Doctor Slop had broken the bridge of his first-born's nose with ill-applied forceps To remedy this permanent handicap in life, he decided his child must be christened by so high-sounding a name as Trismegistus Although, with a whole nose, he would have let him enter the battle of life as plain George or Edward

To digress into this philosophy of nomenclature is not without interest for the psychologist Stevenson has a word to say about those who come "top-heavy from the font" As for example—William Shakespeare Brown Now from time to time, a good family doctor may get a side-line on the parent's psychology, by coming across a child with a name that is a trifle heavy In all seriousness, it would be disastrous to exercise any levity, but the doctor may have got a hint, which will guide him towards a little correction If Augustus Lancelot Jones, aged ten years, is given out leg-before-wicket, he is more likely to dispute the umpire's decision than if he had been christened John William.

In the nineteenth century physiognomy split along two lines The anatomical measurements degenerated into Phrenology It is surprising what serious consideration this so-called science received, as may be seen by study of the early numbers of the *Lancet* It flourished across the Atlantic The Boston Phreno-

logical Society held its first meeting in 1832, on which occasion my great-grandfather was invited to give the inaugural address. As befits the efforts of an elocutionist, it has a fine flow of sonorous words, but he skims lightly over the bumps, telling the Bostonians to have an open mind in their studies, and not to expect too much.

I do not know when phrenology died, but I have seen it as a side-show, beside the seaside, and the "professor," at half a crown a time, was well worth the money to the small boys looking on. One of the first patients I attended in private was a pawnbroker, who had on his mantelpiece one of those models with a pot head marked out in little green squares on the surface, with love, envy, ambition and all the rest of them printed My patient left a considerable fortune, but was very reticent about his dealings in phrenology

That branch which the eighteenth-century physiognomists called pathognomy progressed into the study of the expressions. It was in 1806 that Sir Charles Bell described the facial muscles in his *Essay on the Anatom* [illegible]
u [illegible]
c [illegible]
various emotions and passions Duchenne in 1862, with the aid of photography and the use of electrical stimulation, confirmed and elaborated this work. Finally, we have Darwin's book on *The Expression of the Emotions in Man and Animals* He was concerned with such questions as the reason why we turned up our noses in contemptuous moods Not, you make me tired—but, I do not like the smell of you. He admits that there are many well-recognised expressions of the countenance that are difficult to describe He concludes that our expressions, through evolution, are inherited and have become in-born instincts

It was Edgar Allan Poe who could see the other side of this. There is that school-boy, in h [illegible]
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momen [illegible] the expression of my face, as accurately as possible, in accordance with the expression of his, and then wait to see what thoughts or sentiments arise in my mind or heart, as if to match or correspond with the expression." I think this is

rather an attractive idea There might be something in it There are difficulties, however, in its practical application away from the monkey-house in a Zoo

From facial expressions we come naturally to telephone conversations, because what are spoken words unsupported by a look of any sort? If one sits, by chance, in the office of someone doing big business, it does seem extraordinary that it can be carried through over the telephone How can he tell that the man at the other end is speaking the truth? How can he tell whether the other man is satisfied, or whether he is weakening in a bargain? Perhaps a future generation, with television, will solve this difficulty But when a doctor goes into a practice, he soon learns that there are some things which can only be settled face to face Suppose there is a patient seriously ill in a private house There is every justification for some anxiety on the part of the relatives In my opinion, the doctor is free to ring up the house to obtain a report on his patient, but, on the other hand if a relative in the house rings up the doctor, it is almost certain that he should make the opportunity for a special visit, reasonably soon, to allay some anxiety which may grow and reach his patient The doctor cannot tell whether his opinion has given satisfaction unless he has seen the facial expression of the enquirer I do not mean that he must take seriously every foolish question over the telephone, but in an art as difficult as medicine, he should refuse to give opinions on serious matters without seeing the questioner

Every doctor knows that facial expression at the bedside is all-important during a physical examination What a difference between one surgeon, with delicate hands, gently insinuating his fingers around what is called Macburney's point, watching his patient's facial expression the while, and another surgeon prodding his fingers into the right iliac fossa with the comment, 'Does that hurt?' The one gets the true evidence, although the other may get the appendix

Now about this science of physiognomy It seems improbable that we shall try to revive it Yet, I suppose, we do judge character by looking at the countenance There are some anatomical features that impress For example, we have the Roman nose,

the receding chin, the broad forehead. When Tennyson wrote of "narrow foreheads, ignorant of our glorious gains" it was not just poetic licence, although our civilisation has had some shocks since then. Lavater says, "Whoever saw a hero with a small snub nose?" But that is another story There must have been lots of heroines with a nose of no great significance. We are not concerned with heroes (Or with noses "'Tis a pity, said my father, that truth can only be on one side, brother Toby—considering what ingenuity these learned men have all shown in their solutions of noses.—Can noses be dissolved? replied my Uncle Toby")

If science is a little shy of dogmatising about the rules of physiognomy, it is probable, nevertheless, that our patients exercise their physiognomical judgment of ourselves Let me repeat the words of Sir Thomas Browne "For there are mystically in our faces certain Characters which carry in them the motto of our Souls, wherein he that cannot read A.B C may read our natures."

Soon after I went into a practice, the wife of an artisan said she knew that I tried to get people well. It gave me rather a shock. I had not thought of any other ende [illegible] senior that I [illegible] serious An [illegible] at me, whether or not I was worried about her condition. I assured her that there was no cause for anxiety, but that I should not show it if there were. It was all so different from the Medical School days Although we had been [illegible] particu- [illegible], either [illegible] to try [illegible] and our thoughts. We should give them the opportunity of having a good look.

One day when visiting a sick child I said that I liked the trained nurse whom I had met going off duty My patient told me that she might be clever but that she 'fussed her", adding the comment that a nurse *ought* to be "a comfortable old party." It is nice when going round the wards to have a Sister who is used to one's ways, who can prepare a patient for examination, but she must not rush the situation. The physician should take in the

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You may be right. And yet, if you stand by the bedside studying the countenance for ten or twenty years, a time may come when of pathognomy you would use the words which, in another connection, the Red Queen spoke to Alice: "You may call it nonsense, if you like, but I've heard nonsense compared with which that would be as sensible as a dictionary."

whole of the case without fuss, and the patient should examine him, before the physical investigations begin

There is plenty of scope for the undergraduate medical student in the wards to exercise a wise understanding of illness and to pick up some knowledge of human nature In my time we used to have one or two cots for children in the general wards Two or three months after I commenced my clinical work a nice little girl called me "doctor" but a more sophisticated Cockney brat called out "That's not the doctor, that's the ward clerk" It is not until one has the responsibilities of a resident officer that what I have called pathognomy at the bedside can become a practical study One must begin with delicacy of feeling, without too much assurance, nothing can be worse than a stare which puts a patient out of countenance

Ought I to apologise, however, for digging up this word "*pathognomy*"? *Was it better in the grave with those from whom* I obtained it? I do not find it in an English medical dictionary and was surprised that it appears in an American medical lexicon, where it is defined as "the science of the signs by which disease is recognised" This covers a wide field—I did not know I feel almost sorry that I looked it up When *Humpty Dumpty* explained the meaning of his word "impenetrability" he said "when I make a word do a lot of work like that I always pay it extra"

I have tried to make something of pathognomy in the sense *in which* the eighteenth-century physiognomists used it To them it was "the motion of physiognomy," The doctor should learn to study his patient's facial expression, should learn to be under observation himself without being self-conscious, and to have enough reserve to be able to keep his own counsel without having a face like Newman Noggs In diagnosis and treatment he gets the best results who has a receptive countenance

"Yes," you say, "that may have been all right in your young days, but now we have clinical pathology, radiology, biochemistry, other ancillary services and a psychiatrist, complete with diploma, to study the patient's mind What did the *Autocrat of the Breakfast-Table* say? 'Who wants to hear fanciful people's nonsense?'"

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# *Doctors' Dilemmas*

> But, at least, they hear the things I hear,
> And see the things I see;
> And whatever I think of them and their likes
> They think the likes of me.
>
> RUDYARD KIPLING

## 1. IDLE WORDS

ONE might think that the doctor with his manifold responsibilities would weigh every one of his words to the last scruple. Yet the profession as a whole utters many idle words which come up for judgment in unexpected ways.

The consultant, of course, develops the art of giving a carefully considered opinion on all occasions, but the family doctor does not have the same chance of speaking to a definite audience at a set time. In the course of his busy round he may get into the habit of using words the literal significance of which may escape him. Here is a story which comes direct from the doctor concerned. A young woman, who was a faithful patient of his practice, got married. All in good time she booked a monthly nurse for an event some six or seven months ahead. The nurse asked if the doctor had been informed, but it seemed the lady was a little diffident about this. She was fond of the doctor and anxious that he should attend, but was most emphatic that it was not possible to ask him to call to fix up the date—no, not for this, because it was her doctor's custom to come into the room and say, "*Well! What have you been doing?*" So they solved the problem by writing him a note.

Some people are shrewd enough to recognise the fact that a doctor may sometimes make statements which need not be regarded seriously. Years ago I was staying in a house where a healthy old lady of about seventy years of age was in the habit [illegible]

two or three things which he had advised and then added, "Poor man, he must say something"

I have one loquacious friend who has held a large practice together for about forty years. After taking care of one of his patients in a nursing home I said I would write to the doctor To this the patient, who was a farmer, responded, "It does not do to take too much notice of what Doctor says" He meant no disrespect but I quite understood.

There is some truth in H. G Wells' division of doctors into two categories. The one who says you are seriously ill and that it is fortunate that you have called him in to bring about a cure, and the other who assures you there is nothing to bother about, saying you are all right until one day you are dead. We had in this district a doctor who belonged to the first of these divisions. It was his habit to say, after seeing his patient, "It's a good thing you sent for me." One day he was called to the vicarage, where he stood rather helplessly by the side of a cot until a small child came round from a convulsion, at which time he uttered his stock phrase. The Vicar's wife responded, "Oh, doctor! what have you done?"

There are family doctors who have developed a technique of talking as a sort of protective mechanism. I have met one who talks as he comes into the house and during most of the visit, finally claiming the last word as he leaves the door-step He allows a consultant a brief interval in which he may give his opinion, but I think the doctor's method is adopted with a view to avoiding awkward questions These are in order during a consultation of two doctors, but in a general practice there are days when it is in the best interests of everyone—patient, relatives and doctor—that nothing very definite shall be discussed. It is possible for a doctor to achieve this with a reserved manner and few words, but it may be easier to succeed in this endeavour if he monopolises the conversation. In one way these are not idle words but they may become such by force of habit.

I once went fifteen miles to see a patient in consultation and only spoke one sentence to a woman who was seriously ill. The doctor talked all the time in the bedroom, dominating the situation, without saying much to the point. When he stopped to

get his breath, I told the patient that I could do more for her if she came into hospital, to which she consented with a nod and the consultation was closed. I am not excusing this doctor's flow of words as being in the nature of a foible. It is sufficient to say that he soon left the district.

Of course a few judicious words, just to make someone feel at ease, may be useful but are not always devoid of risk. When a very distinguished patient, in his own bed, was having his chest X-rayed in 1928, the radiologist with his best bedside manner said that the portable apparatus was one which had been used in France for military casualties in the first World War. The distinguished patient remarked: "Oh! haven't you got anything more up-to-date than that?"

I was once called in consultation to an elderly man who dwelled in a caravan. I was told they were prosperous people. The patient was showing signs of heart failure. I opened up the conversation with the suggestion that he had done some good hard work in his time, which many people receive as a compliment; but our patient, somewhat indignant, responded: "Work!—Me!—never did a day's work in my life."

Of course in these rather trivial stories I am far from suggesting that the doctor's thoughts are idle. I have only been hinting that some of his words may return in unexpected ways. There is, moreover, need to watch that someone does not take advantage of the fact that he is deeply concerned with one condition, to put a question about something else. Perhaps an ill-considered answer may have serious consequences.

During physical examination, particularly of the abdomen, we need our patient to be relaxed. Often enough it requires considerable art to bring this about. To ask a patient to stop talking may be reasonable during auscultation of the heart, but true relaxation of the body as a whole is obtained best by means of a quiet manner and a few well-chosen words that will hold the attention without producing excitement. With an adult some routine technique may succeed, but with a child it must be the inspiration of the moment. The doctor must know how to talk a little without saying anything of particular significance.

There is such a thing as an idle question. The other day I saw

a child, nine months old, with congenital heart disease. It was well-developed with a healthy colour, but there was no doubt about a bruit which indicated an incomplete ventricular septum. The condition had not been recognised in hospital where the child was born, but had recently been detected at a Welfare Clinic. The mother was still very upset because the doctor had put the question, "Does he go blue?" She was looking out for this alarming occurrence. I think the words were ill-chosen and liable to produce a misconception. I suppose every one of us makes the mistake, sometime or another, of putting a question better left unasked.

There is one for which I have a particular distaste, but have heard it put by a good consulting physician. I may be quite wrong, but when there is some tumour which might be a hydatid cyst, is it worth while to ask a man whether he keeps a dog?

Apart from stock phrases and idle words, I have thought sometimes that our traditional expressions may be ill-considered. Of those conditions with which the family doctor has to deal, a confinement is the one above all which [illegible] sake, [illegible] the ex[illegible] unwise and unjust to the situation. It is more judicious to speak of a piece which has "not separated."

There is a type of consultant who inclines to make the statement to the relatives that it is too late for him to do anything. The words may be literally true, but sometimes the nature of the disease has been such that, at no time during which the patient has been under medical observation, has there been an opportunity to influence the condition, in which case the words "too late" may give a false impression

It is true enough that we get credit for many things over which we exercise little influence and we must be prepared to take blame by way of levelling up for something which is not our fault. There is a great deal in the choice of words, however. It is unfortunate for a doctor to receive censure, but on the whole I think it tends to have a worse reaction on the life and outlook of those who blame him. It is to some extent a temperamental question Those who will readily give adverse criticism are likely

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and I may say incidentally, that when the time comes that they do not grudge his well-earned rest, it means that he is a good doctor and has arrived—or at any rate is travelling the right road.

If history will one day speak of those queer, rather commercial fellows who bought and sold patients, I should like to put in a word for them to prove that they gave a good service.

We believed that a wise man ought to know who was his own doctor As a rule women were even more loyal. If they had children they had more opportunities of judging Around this loyalty to the doctor grew up medical etiquette It was not always easy to let our patients understand that this was for their own protection. They would think sometimes that the profession discouraged promiscuous changing of the doctor in the interests of the medical men themselves, whereas we believed in free choice by all means, but not in haphazard changing which militated against good service.

This brings us to the doctor who started as a squatter—to use that most unfortunate word for the one who just puts up a plate. In certain circumstances this may fill a need. There are no laws for or against, nor does it touch medical ethics, but it is usually contrary to the spirit in which wise people have wisely chosen their medical adviser—which custom is the foundation of a sound general practice As a matter of history in this locality, those who have put up a plate where there has been need for a doctor have succeeded, but in other areas the good men have soon joined a busy practitioner—which means there has been purchase—and the more indifferent have removed their plate and gone. Neither a good doctor, nor a bad one, squatting, can live on air, and self-advertisement is not cheap, at any rate financially

Looking back, reflecting on this question as to whose patients were they, reminds me that a friend of mine, soon after becoming a junior partner, was called in to the child of a distinguished lady who was a stranger to the practice There was no ethical difficulty The lady had notified her former doctor that she proposed to make a change, and one which was not related to the present illness After about fourteen days, when my friend was saying good-bye on the doorstep because recovery was complete, the lady told him not to consider himself her doctor Although he

to have much unhappiness in life, but often enough the trouble begins with some verbal misconception To avoid this *is not just* a matter of self-interest for the medical man It is important for *his patients*

George du Maurier, in late-Victorian times, drew pictures in *Punch* entitled "Things One Says Without Thinking " A medical man must be sufficient of a psychologist to recognise such remarks when made to him A harassed woman once said to a friend of mine, "We've had nothing but trouble since you came into the house " The doctor must not let such statements—to use the words of Sir Thomas Browne—stretch his *pia mater*

### (2) Whose Patients are they?

In the year 1944, when the British Institute of Public Opinion sent a questionary to the members of the medical profession, it was rather surprising to find that no group of doctors showed a majority who approved of the principle that general practices should be sold or purchased

We know that a change of view came subsequently, but I believe the first opinion did credit to the altruistic traditions of the profession because in cold print this buying and selling does seem *rather commercial Moreover, perhaps, it had become too much* [illegible] When it became [illegible] any capital or [illegible] the position of the vendor was strengthened at the expense of the buyer I believe I voted that the custom should be abolished It is possible, however, to argue that for the patients in general it was a good system

I have lived long enough in one district to be able to say that I have seen at least a hundred thousand patients sold and bought—certainly no less When one comes to think of it, what better *chance* will a family have, that they can rely upon a faithful family doctor, than the guarantee that he paid for the opportunity of *looking after them In most cases he stays in the district* progressing in character and experience. If he does not hold the *practice he bought there is no one injured but himself* When he goes for a holiday he must find someone to look after his patients,

To enter a practice is an adventure which brings no great surprises, though there may be strain and anxiety about the future. But quite a number of successful doctors have failed to foresee the philosophy of selling. In those happy days of horse-drawn traffic, it was said that the carriage kept the doctor, and when advancing years drove him from the open dog-cart to the closed brougham, some people said it was the first nail in his coffin. If a man over fifty years of age takes a junior partner, with a view to succession, he must be prepared for something more or less like a nail in the coffin of his reputation. Always in former times he was missed when he went upon his holiday, but now the most loyal junior is compelled to be something more adequate than a stop-gap.

Forty years ago this was my lot. A patient would say, "Has the doctor gone away?" When I answered in the affirmative there would come the response, "Not for long, I hope." What could I say but that I was afraid the patient would be quite well again before the doctor returned?

Family practice is an individualistic calling. Not to be missed by the patients is the beginning of the end. A wise and loyal junior will keep the practice focused at the original house, with the senior interested, but by the time messages come through asking that "one of you" will call, it is the end of the beginning for the junior and he will do better when his senior leaves. Dual responsibility may foster indecision but in any event, if the medical facts are agreed upon, no two doctors express their personality in the same way.

The Englishman is generous to the visiting team when he knows their worth. He wishes to see a Bradman make a hundred or a Bobby Jones break the record of the course, but essentially he does not believe in those unknown. In Lancashire, a most hospitable county, they used to tell a story of this simple conversation. [illegible] Native Stranger." [illegible] ad." When we hear [illegible] we instinctively think that the doctor is probably a very ordinary fellow, but we should respect the spirit which illustrates the importance of claiming a particular medical adviser as one's own. Buying and selling

was a little startled, he really thought it very reasonable, so he cheerfully agreed on the understanding that she did not consider herself his patient He attended, off and on, herself and the family, both before and after return from the first World War At the end of about twenty-five years he asked, one day, if he was still "on appro" The story has point, if it be accepted as a tribute to mutual loyalty of patient and doctor

Our generation believed that the patient should have a free choice of the doctor, and perhaps even more important that the doctor himself should be free to choose, but we considered chopping and changing detrimental to good doctoring

I can think of one colleague who was an artist as a stop-gap He knew who were his own patients and, if he saw one of mine in my absence, he had an exceptional gift for doing the right thing without disturbing the accepted doctor-patient relationship His example [illegible]

[illegible]

purchase of a practice but of course a particular layman may believe that he himself could never be so transferred I was sitting once outside the club-house of a golf course when a business man, in reference to a newly arrived young doctor holing out on the last green, explained to me that when his own doctor retired no new doctor would purchase him Fifteen years later it was an accomplished transaction and my golfing friend, on both occasions, was in the hands of a good doctor

Perhaps when the questionary came from the BIPO, doctors felt that it did seem undignified to sell a rich colliery owner, just like a truck of coal, or buy a tape manufacturer as it might be by the yard Nevertheless, with that happy English knack of custom being wiser than theory, I have seen these transactions go through with mutual respect and benefit

Before the days of the National Health Insurance Act, I think there were fewer partnerships, except in the temporary sense of a three or five years' introduction to the practice In some ways these old individual practices kept the doctor-patient relationship all the closer

To enter a practice is an adventure which brings no great surprises, though there may be strain and anxiety about the future. But quite a number of successful doctors have failed to foresee the philosophy of selling. In those happy days of horse-drawn traffic, it was said that the carriage kept the doctor, and when advancing years drove him from the open dog-cart to the closed brougham, some people said it was the first nail in his coffin. If a man over fifty years of age takes a junior partner, with a view to succession, he must be prepared for something more or less like a nail in the coffin of his reputation. Always in former times he was missed when he went upon his holiday, but now the most loyal junior is compelled to be something more adequate than a stop-gap.

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practices—which essentially means patients—sounds almost like slavery It is quite possible, however, that neither patients nor doctors will have the same freedom if the purchasing of practices ceases

In thirty-seven years' experience of visiting medical wards in more than one hospital, I have seen some changes in the question as to whether the patients were my personal responsibility In the earlier years there was no doubt about it—nor has there ever been in a voluntary hospital But even here there has been a tendency to change which requires consideration When a diagnosis was based almost entirely upon the history and physical signs, one examined the new admissions soon after arrival and in this way was quickly in touch with the whole case, both physical and mental As time progressed, and methods of investigation multiplied, there was a temptation to neglect a patient until the relevant evidence was available Perhaps he or she scarcely realised who was in charge This was bad for the patient and worse for the visiting physician It is an error which may be in evidence in a diagnostic clinic I am convinced that patients newly admitted should be seen by the physician reasonably soon, so that they may know under whose care they have been placed In modern medicine we are driven into making some investigations which may raise the consciousness of some particular part of the system A hospital patient should be in touch with the medical mind responsible for assessing the whole case, at the first possible moment In hospital, as in private, they should know whose patients they are.

In municipal hospital work I have enjoyed visiting the wards when the patients were not definitely allotted to my personal care I do not wish to discuss in detail how much this seemed to limit the scope of the work, but when they are officially placed under the physician, the ward lights up on his arrival The Sister of the ward becomes his trusted colleague and the patient is not distressed by the dilemma of not knowing to whom he may put his questions

There is experience to be gained in personal relationship if one acts as doctor to the nursing staff of a hospital. One may assume that each individual nurse is prepared to accept the situation but

there is added responsibility because she had little freedom of choice. With all the facilities of a hospital available, the doctoring is less responsible than in private practice, but in some decisions tactful understanding is required, by reason of the fact that the patient was not completely free to choose her medical adviser

During the years in which I have practised our patients have known to whom they are entitled to look for immediate medical service In Kipling's address, "A Doctor's Work," given to the Middlesex Hospital in 1908 he said ' Nobody will care whether you are in your bed, or in your bath, or in the theatre If any one of the children of men has pain or hurt in him you will be summoned, and, as you know, what little vitality you may have accumulated in your leisure will be dragged out of you again " To accept that spirit for a general practice may have made it more worth-while. If the sale and purchase of general practices be abolished, will the profession expect to give a service less personal? And will a particular individual sometimes ask the question—Whose patient am I?

There may have been some sections of the community or some districts which our medical service has not reached, but for the bulk of the population I am prepared to argue that the buying and selling of general practices has been a satisfactory solution of obtaining a loyal personal service for the average family or individual.

If the politician and reformer have decided upon some sweeping changes in the medical service of the country, it would seem to be inevitable that young men must enter practice without purchase. I have attempted to illustrate the service as I knew it. If the new service shows shortcomings in some directions, as well it may, I only wish to state that it must not be claimed as a set-off that the public have been saved from the indignity of being bought and sold like chattels because for those members of the community whom it concerned the results were excellent.

### (3) When to be Hard of Belief

In Mark Twain's account of his adventurous ascent of the Riffelberg he discussed the value of his barometer, but concluded, ' I did not wish to know when the weather was going to be good,

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When young women suffered from chlorosis there was therapeutic value in "Pink Pills for Pale People"—although the dose of iron would not be adequate for the hypochromic anaemia more common in these days Our patients, however, believed in the virtue of colour. Red wine was supposed to regenerate the blood in convalescence Red flannel was in vogue as a protection for "weak chests" and, of this material, some women found virtue in garments the mention of which would have brought a crimson colour to the cheeks

Possibly the therapeutic value of red colouring was based on the old tradition that red garments and red curtains for the room were the recognised treatment for smallpox. John of Gaddesden, who had studied at Montpellier and had a busy London practice at [illegible]

[illegible] health measure, "to keep their bedroom windows closed, to sleep on the right side with the head high and to wear a scarlet night-cap."

Quite apart from colour, however, many people had faith in "chest protectors" They had stood the test of time—perhaps in wash-leather or sometimes as a starched linen dickey. These were in use when I entered practice. And there still remained a few patriarchs with long flowing beards, which had been prescribed by a Victorian doctor to keep the wind-pipe warm, as in the case of Mr Septimus Small in *Aunt Juley's Courtship*, the scene of which Galsworthy dated 1855

In the eighteen-nineties anaemic-looking youths would walk through foggy streets wearing a black pad, called a "respirator" [illegible]

[illegible] century, led by the girls, youth soon cultivated a ruder type of health, with no respect for respirators or chest protectors—nor for beards, which eventually were held in such little esteem that they were counted, sometimes, as trophies in a game called Beaver

what I wanted to know was when it was going to be bad, and this I could find out from Harris's corns." I have a medical friend who assures me that his wife has a corn which is quite reliable in this direction.

Now the medical profession, amongst themselves, know the importance of exercising a wise scepticism about the significance of subjective symptoms and about both causation and treatment of disease. But the family doctor, ploughing his lonely furrow, may find it difficult to know what to believe. One elderly doctor, *wise in his generation*, used to say, "*Never disagree with your patient.*" This is reasonable, if it means that argument or dispute should be avoided, but some doctors listen to fads and fancies until their credulity is imposed upon by repetition

It must, I think, be true that many forms of joint trouble and fibrositis tend to be worse in bad weather, but the temptation of the family doctor is to acknowledge some cause of a particula complaint when in reality he is ignorant of the aetiology. It is si reasonable for his patients to ask how they may avoid the trouble We may take pride that we know the cause of typhoid fever, o of tetanus, and are able to explain how the infection enters the system, but in the daily round we meet some difficult conundrums which are of more everyday interest to our patients.

When I commenced practising many people believed that haemorrhoids developed after sitting on a cold stone, that sciatica might be due to a draughty water-closet, that hip disease resulted from lying on damp grass or that jaundice was the result of a chill. I am not in a position to say as to whether these aetiological fancies came from the experiences of individual patients or from medical men who had gratified the natural craving for some answer to a reasonable question. It is one of those insoluble problems in origin, comparable to that of the owl and the egg But some of it came from the doctor There was a boy in my dormitory at school who wore a Jaeger abdominal belt, prescribed medically to prevent the recurrence of jaundice. If I say we called it his "guitar case," it is possible to recognise a rather feeble play on words. Our modern conception of infective hepatitis would discard an abdominal belt as a prophylactic measure, but it is not yet proved that one attack of the infection protects for the future.

the artisan would run about the streets in winter, just after the fever of measles had subsided, and notices from the public health office, posted as a warning, proved a valuable aid. At one time it was the custom to take children with whooping-cough, in all weathers, for a walk round the local gas works I am unable to say by whom this was first prescribed, but I soon learned that exposure to wet or cold for these children was a cause of bronchitis or broncho-pneumonia, which frequently led to chronic lung disease

In late Victorian days I heard a woman say that if she called the doctor in "he made a case of it." No doubt he believed that she expected some little display of that nature, and, equally probable, he felt he would be blamed by the neighbours, if some indisposition turned into a "case," when he had not undertaken to visit again. In Edwardian times some of the medical ritual was being relaxed and then the first World War, with doctoring "cut to the bone," freed the medical adviser from considering many details which his seniors were expected to take seriously Equipped with more knowledge and with ancillary services, he could afford to shape his beliefs according to his own experience and there was less risk of falling into the errors of some popular fallacies

For some time, perhaps, he did not listen carefully enough to what his patients had to say and teachers of medicine had to remind the profession that they should ask the opinion of a sick person as to what might have brought on the complaint.

Some patients, particularly the elderly, may have wise conceptions One old lady used to tell me that her "heart cough" had developed. I believe it was the earliest indication of some pulmonary oedema.

How often, with a cardiovascular system which did not respond well to exertion in those who were tired, have I been told that the day began badly but that later on there was improvement. This is in contrast to the story of definite heart disease. It is, of course, in no way related to a "hang-over" and I am not discussing those who take hypnotics. I should conclude that a tired circulatory system (shall we call it neurocirculatory asthenia) gets a rest in the prone position during the night, that it remains

A fellow student of mine once said that he wished a family doctor would write a book which explained the difference between fried and steamed fish as fare in the sick-room, and all that kind of lore We could see his point We had spent several years studying disease and studying patients as individuals, but there was a big gap between our knowledge and what we had heard from the doctor in our own homes when some member of the family was ill

Perhaps one of our teachers would have told us that a mother would expect us to know how many teeth a baby should have at ten months' old (There were no pediatricians in those days and we should have been too discreet to ask him to tell us ) We may have been instructed as to the right temperature of a room, or obtained some hint about a suitable climate for an invalid, but we wanted facts from the family doctor, who had always seemed to us so confident and full of knowledge

Brought up in spacious Victorian days with a mother, a nannie and a cook, we knew that illness began with arrowroot and milk and rusk, progressed to chicken broth, followed by milk pudding, next came steamed fish and finally a mutton chop, by which time a boy might reasonably expect to get into his trousers and to mischief But we wished to read of these rules in print

And yet, I think, when we went into practice, we soon discovered that we must guard ourselves from accepting household medical rules as if they had real scientific foundation To some extent they were sound in origin but much of the ritual could be curtailed

Like other people, I think we found it best to cut our coat according to our cloth When it was possible to plan a convalescence carefully graded, the mother would usually make most of the suggestions, but in other homes no great harm would come from relaxation of the routine in many ways In my practice I soon learned, however, that after an evening rise of temperature it was essential to have the next day in bed, that it was all experience and also good discipline for a child to learn to stay there, that following an attack of diarrhoea suitable foods must be prescribed for a few days, and that both measles and whooping-cough must be treated with respect I can remember a time when the child of

in the vulgar tongue would increase both real and imaginary diseases He was referring to serious works directed to the medical profession. What would he think about some of the Health propaganda which comes from the platform or the Press in this twentieth century?

My generation has been practising amongst a disease-conscious people The recruits for the 1914 war, for example, gave their medical history in a simple manner, but some of the 1939 recruits were prepared to begin at the beginning—as it might be with the statement that they "cut their teeth with the bronchitis" Recently [illegible]

[illegible]

[illegible]

evidence of any chronic disease it is nonsense

Perhaps this kind of thing is partly attributable to school medical examinations In some clinics the presence of a family doctor might be a valuable corrective In the introduction to *Science and Health or a Key to the Scriptures*, attributed to Mary Baker Eddy, we may read the words "Doctors increase diseases by talking about them"

Amongst ourselves we sometimes hear the criticism that clinicians think too much about disease and not enough about physical fitness, but I think most family doctors carry a good deal of wise advice on their daily rounds, but believe that it can only be prescribed individually and not in the lump

During the last forty years there have been great changes in the amount, and in the kind, of medical and quasi-medical knowledge which reaches the layman When I first went into practice there were a few odd books about read by odd people. One might call at a house where some crank of a father was studying a volume called *The Family Physician* It was just as well to know what he and the book made out together about the illness in question, but it did not increase disease

I am not very experienced about the Health Week or health lectures or about newspaper medicine, but for a variety of reasons they fail to achieve their object. Largely perhaps because they reach those who are already too conscious of themselves I am ashamed to say that I never heard Miss Marie Lloyd sing, "A

relaxed on rising, but eventually becomes keyed-up to more exertion as the day progresses. A somewhat fanciful suggestion; but if you exclude excess of tobacco and other detrimental habits, my idea makes a reasonable working hypothesis, because not to be in good form in the morning may be an early indication that health is deteriorating and that life requires reorganising.

What shall we believe about some of the fancy diets which our patients assure us are beneficial? First I think that, in many cases, these people are less strict than they would lead us to suppose. And secondly, apart from cranks and faddists, there is a type of man who fusses about his health and his affairs, wondering how some particular dish will suit his digestion, till he makes that system self-conscious, in which event, if he decides upon some special food (no more digestible in reality) his consciousness of choice cancels out the self-conscious stomach and there is peace. But, often enough, we find in a year or two that it is some other regime which suits him.

[illegible] thought and spoke very [illegible] but the spirit might be correct. When Chesterton's *Father Brown* explained the secret of his success in detective efforts, he pointed out that he did not study the criminal from outside but tried to think his thoughts and get inside him. These doctors had got inside their patients. True psychologists, who could have said with Kipling—"The lives ye led were mine."

Gradually times changed and we found that our patients talked to us in quasi-medical language. To obtain a correct history, there was need to make them speak in simpler terms—to speak of symptoms and not of diagnosis. Of some of what we hear we [illegible] absorb it in a form translated into medical terms which he can make intelligible to his colleagues.

### (4) The Platform and the Press

It was Nicholas Tulp, some time about the middle of the seventeenth century, who said that the writing of medical books

the daily Press It would be a delicate undertaking to discuss this in detail and one might get into deep waters, but with newspapers and drug firms taking an interest in scientific medical publications the waters are deeper than they were thirty or forty years ago

When Blériot flew across the English Channel in 1909 Lord Northcliffe's famous head-line may have been justified "England no longer an Island" But many head-lines miss the mark, although they may suggest something sensational That is just the trouble with medical head-lines They tend to destroy all sense of proportion, so that family doctors and other clinicians may find it necessary to correct [illegible]

[illegible]

home a *lesson* to a medical audience, may be quite unsuitable for the daily Press or the head-line

As long ago as 1905 history was made in this connection There was something in the papers about "Too Old at Forty" Some American doctor, it seemed, had been giving his opinion, and sober citizens were up in arms, writing to the papers to explain how many men had done valuable work at a more advanced age The lay public did not understand the situation But the truth is very simple The greatest physician of the time was leaving the Johns Hopkins University so that he might have a life less strenuous at Oxford. In a particularly graceful and witty valedictory address he made his excuses about his own age, and referred to Trollope's fanciful suggestion about chloroform at sixty Everything he said went direct to the hearts of his hearers as being in good taste with apt illustration and fitness for the occasion. But the newspapers of two continents ran it as a stunt, with head-lines such as "Osler Recommends Chloroform at Sixty" It should be a classic warning

It is possible, with a medical audience, to drive home some point about the progress of medical science with a jocular suggestion that some members of the profession will have less work to do or gain smaller financial rewards But this is not suitable for the head-line in the *newspapers*, of which there was one recently in relation to penicillin In 1902 a fellow resident and I were

little of what you Fancy does you Good", but the sentiment is one which might be quite beneficial to those who attend health lectures In more recent years the cry has been for positive health, but this should be prescribed in moderation and one must not seek health too assiduously The old doctor in Stevenson's story, *The Treasure of Franchard*, has the right idea, in "Hygiea and moderation, let these be your watch-words in life"

No one could decry the obvious laws of hygiene And Samuel Butler, in *Erewhon*, taught a valuable doctrine, that to be ill was an offence to be punished Good health is of paramount importance It is reasonable that the public should seek advice as to how good health may be achieved A good doctor, often enough, has to prescribe a well-balanced life and this is not easy from the platform One would not presume to preach, but it is possible that the present need is for the development of good character Family doctors during my time have known that the right character and good health are bound together, although we know well enough that the *Erewhon* philosophy cannot be carried to its logical conclusion, because most of our patients who are seriously ill are the victims of misfortune

About thirty-six years ago the account of a health lecture appeared in the local paper It contained a statement that as much nourishment was present in a herring as in two mutton chops If it was true then, I suppose it is true to-day At the time I wondered how the doctor knew In any event it would seem to be a statement both cheering and safe Of more recent lectures, one has gained the impression that they contain much more exciting food for the mind about microbes and toxins and such small goblins

To advertise prophylactic immunisation against those diseases for which we have a satisfactory method is sound enough, but the lecturer who gets a head-line in the Press, "How to avoid influenza," should, if he falls a victim himself, be sent to *Erewhon* to receive some kind of correction

I have not studied newspaper medicine in detail and no doubt many of the articles are quite reasonable, but perhaps these really need a medical training to make them intelligible It is only in recent years that we find extracts from the medical journals in

the daily Press It would be a delicate undertaking to discuss this in detail and one might get into deep waters, but with newspapers and drug firms taking an interest in scientific medical publications the waters are deeper than they were thirty or forty years ago

When Blériot flew across the English Channel in 1909 Lord Northcliffe's famous head-line may have been justified "England no longer an Island." But many head-lines miss the mark, although they may suggest something sensational. That is just the trouble with medical head-lines They tend to destroy all sense of proportion, so that family doctors and other clinicians may find it necessary to correct some erroneous conceptions

Quite apart from these considerations, however, we must realise that some light or humorous allusion, which would drive home a lesson to a medical audience, may be quite unsuitable for the daily Press or the head-line.

As long ago as 1905 history was made in this connection There was something in the papers about "Too Old at Forty" Some American doctor, it seemed, had been giving his opinion, and sober citizens were up in arms, writing to the papers to explain how many men had done valuable work at a more advanced age The lay public did not understand the situation But the truth is very simple. The greatest physician of the time was leaving the Johns Hopkins University so that he might have a life less strenuous at Oxford. In a particularly graceful and witty valedictory address he made his excuses about his own age, and referred to Trollope's fanciful suggestion about chloroform at sixty Everything he said went direct to the hearts of his hearers as being in good taste with apt illustration and fitness for the occasion. But the newspapers of two continents ran it as a stunt, with head-lines such as "Osler Recommends Chloroform at Sixty" It should be a classic warning

It is possible, with a medical audience, to drive home some point about the progress of medical science with a jocular suggestion that some members of the profession will have less work to do or gain smaller financial rewards. But this is not suitable for the head-line in the newspapers, of which there was *one recently* in relation to penicillin. In 1902 a fellow resident and I were

talking to a generous business man, and were rather startled when he said that a man entered a profession or business to make as much money as he could. We had reached the mature age of twenty-five or so with our ambitions still intact to do a good job of work and progress in our calling without much consideration of financial gain. Of course I know that Rudyard Kipling in his address on the *Values of Life*, given to the McGill University in 1907, said: "If more wealth be necessary to you, for purposes not your own, use your left hand to acquire it, but keep your right for your proper work in life" He could understand a harmless joke about a new discovery which would benefit mankind being unfortunate for some individuals in our profession; but we should not extend this compliment to the average reader of the daily Press.

Perhaps Nicholas Tulp did not mean us to take too seriously his idea that there was danger in substituting the vulgar tongue for Latin. But in [illegible] by Tulp of h[illegible] works of Ar[illegible] of a fracture of the femur and became so alarmed that he went out of his mind.

The story does point the moral that some books are only suitable for scholars who can understand them It is easy to say that, scholar or no, the patient should have called in his family doctor. And this brings us back to the question of medical advice from the platform, which goes over the head of the family adviser direct to the public. A few years ago two maiden ladies called on a physician to ask him if they were already suffering from cancer. They had begun to eat large quantities of carrot to prevent this misfortune, but as they had only learned this important fact quite recently, at a health lecture, it was reasonable that they should seek advice as to whether their knowledge had been acquired too late

I would not presume to advise anyone about the responsibilities of giving medical advice from the platform or in the Press; but I would warn them against the temptation which prompted the Fat Boy in *Pickwick*, down at Dingley Dell, to shout into the deaf old lady's ear trumpet: "I wants to make your flesh creep."

## (5) Ought we to smoke Tobacco?

When R. L. Stevenson advised young women against marrying a man who did not smoke, he added the words, "whatever makes for lounging and contentment makes just as surely for domestic happiness" But then, of course, in 1881 the girls themselves were not allowed to smoke, so that the better half of to-day's conundrum was outside his province And, moreover, in his day the cigarette habit had not developed—a smoke to which one does not settle down

It would be easy to preach a sermon on the evils of "lounging and contentment," but these traits, to live with, may be classed as virtues when contrasted with restlessness and discontent

Instinctively I feel that tobacco is a poison, but in spite of the fact that I have been qualified for over forty years and have smoked a pipe for fifty, I have no scientific evidence to offer with regard to moderate smoking

Without entering into the various well-known clinical possibilities may I submit this letter written in 1943

To the Editor of the *Gazette*

Sir—I have been reading Dr T L. Hardy's scientific and instructive article on the 'Clinical Aspects of Tobacco Smoking" in the *Guy's Gazette* for April.

I have carried my mind back forty years to the time when I was medical registrar at Guy's and students sometimes consulted me about tobacco in relation to themselves Perhaps the advice was sought as coming from one who made his fair share of runs and scored a few goals, rather than from respect for medical knowledge.

I am not concerned with juvenile smoking—which is schoolboy swank—but with the problem of tobacco-smoking for the student who has reached those years when he has the responsibility of forming his own habits

Forty years ago I held the following maxims

1 Don't get a fixed tobacco habit too early in life.
2. Ration smoking and don't smoke till after tea-time

talking to a generous business man, and were rather startled when he said that a man entered a profession or business to make as much money as he could We had reached the mature age of twenty-five or so with our ambitions still intact to do a good job of work and progress in our calling without much consideration of financial gain Of course I know that Rudyard Kipling in his address on the *Values of Life*, given to the McGill University in 1907, said "If more wealth be necessary to you, for purposes not your own, use your left hand to acquire it, but keep your right for your proper work in life" He could understand a harmless joke about a new discovery which would benefit mankind being unfortunate for some individuals in our profession, but we should not extend this compliment to the average reader of the daily Press

Perhaps Nicholas Tulp did not mean us to take too seriously his idea that there was danger in substituting the vulgar tongue for Latin But in Withington's *Medical History* we may read an account by Tulp of how a patient with a fractured fibula got hold of the works of Ambrose Paré, in which he read up the complications of a fracture of the femur and became so alarmed that he went out of his mind

The story does point the moral that some books are only suitable for scholars who can understand them It is easy to say that, scholar or no, the patient should have called in his family doctor And this brings us back to the question of medical advice from the platform, which goes over the head of the family adviser direct to the public A few years ago two maiden ladies called on a physician to ask him if they were already suffering from cancer They had begun to eat large quantities of carrot to prevent this misfortune, but as they had only learned this important fact quite recently, at a health lecture, it was reasonable that they should seek advice as to whether their knowledge had been acquired too late

I would not presume to advise anyone about the responsibilities of giving medical advice from the platform or in the Press, but I would warn them against the temptation which prompted the Fat Boy in *Pickwick*, down at Dingley Dell, to shout into the deaf old lady's ear trumpet "I wants to make your flesh creep"

## (5) Ought we to smoke Tobacco?

When R. L. Stevenson advised young women against marrying a man who did not smoke, he added the words, "whatever makes for lounging and contentment makes just as surely for domestic happiness" But then, of course, in 1881 the girls themselves were not allowed to smoke, so that the better half of to-day's conundrum was outside his province And, moreover, in his day the cigarette habit had not developed—a smoke to which one does not settle down

It would be easy to preach a sermon on the evils of "lounging and contentment," but these traits, to live with, may be classed as virtues when contrasted with restlessness and discontent

Instinctively I feel that tobacco is a poison, but in spite of the fact that I have been qualified for over forty years and have smoked a pipe for fifty, I have no scientific evidence to offer with regard to moderate smoking

Without entering into the various well-known clinical possibilities may I submit this letter written in 1943

To the Editor of the *Gazette*

Sir—I have been reading Dr T L Hardy's scientific and instructive article on the 'Clinical Aspects of Tobacco Smoking" in the *Guy's Gazette* for April

I have carried my mind back forty years to the time when I was medical registrar at Guy's and students sometimes consulted me about tobacco in relation to themselves Perhaps the advice was sought as coming from one who made his fair share of runs and scored a few goals, rather than from respect for medical knowledge

I am not concerned with juvenile smoking—which is schoolboy swank—but with the problem of tobacco-smoking for the student who has reached those years when he has the responsibility of forming his own habits.

Forty years ago I held the following maxims

1 Don't get a fixed tobacco habit too early in life
2 Ration smoking and don't smoke till after tea-time

talking to a generous business man, and were rather startled when he said that a man entered a profession or business to make as much money as he could We had reached the mature age of twenty-five or so with our ambitions still intact to do a good job of work and progress in our calling without much consideration of financial gain Of course I know that Rudyard Kipling in his address on the *Values of Life*, given to the McGill University in 1907, said "If more wealth be necessary to you, for purposes not your own, use your left hand to acquire it, but keep your right for your proper work in life." He could understand a harmless joke about a new discovery which would benefit mankind being unfortunate for some individuals in our profession, but we should not extend this compliment to the average reader of the daily Press

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problem so difficult. If I were called in, however, to advise a present-day student about tobacco-smoking, I should say "If you do get the habit, and it is going to stay with you for the remainder of your days, the pipe is the safest smoke."

### (6) Relations with the Quack or the Healer

There are some of life's little ironies which may be summed up in a joke or a fable. As a case in point there is the old woman in *Punch* who says to her husband—"You take what the doctor gives you and I will dose you with this medicine of mine and we will see who gets you well quickest." The situation is clear. The patient is progressing all too slowly. Perhaps the doctor has changed his medicine too often. When recovery comes after taking Swamp Root, or whatever it may be, the evidence to her who gave it is overwhelming. Great is the reputation of the woman friend who recommended it.

An old man told me the story that, fifty years ago, one of his children was very ill with bronchitis and pneumonia. The doctor stated that the child would not recover. When a friend of the family, who was a homoeopathic chemist, called to enquire and heard the news, he prescribed a powder without the doctor's knowledge. It is an old adage—never despair of a sick child—but on this occasion the homoeopath failed to increase his reputation because the doctor's prognosis was correct.

Every family doctor has been told of some patient of his who has been cured with slippery elm or been rejuvenated by taking phyllosan. It is part of the daily round.

Soon after I started in a family practice, I had under my care an elderly man, of some importance, who suffered from osteo-arthritis of the hip-joint. He would come to see me, walking with difficulty and with the aid of a stick. Somewhat to my chagrin I heard, when he ceased to attend, that he was being cured by someone without any medical qualifications. But the next time I saw him in the street he was walking with two sticks and he returned eventually to orthodox medical advice.

It is also quite common for the doctor to hear that someone with a sprain has had five shillings' worth from a bone-setter, who

3 Don't smoke at work, except perhaps one *pipe to settle down to reading at night*

4 Limit the usual ration if you are getting less fresh air and exercise, although you may find the temptation is the other way

5 It is easier to ration a pipe than cigarettes

This brings me to my present views and conclusions, in which there is nothing to change in the above suggestions, but these to add

6 Many wise men don't smoke at all I never noticed that they miss anything, unless, perhaps, towards later middle-age and onwards they tend to neglect the benefits of the armchair

7 The cigar is strong and, if worth smoking, is scarcely worth the money As a regular smoke it does not suit the young athlete It is a restful and rationable smoke for elderly men If the teeth won't hold a pipe, and the funds will run to it, cigars may be smoked, in the spirit of Father William's back-somersaults, in the later years of life

8 The cigarette is the great danger The habit is acquirable *young and much more quickly than the pipe habit* It is a short smoke and, like a short drink, gets handed out when a man never meant to have one It is an unrestful smoke, and becomes an urgent need of the moment, whereas the pipe or cigar is worth waiting for until a rest may be achieved For a variety of reasons the cigarette is extremely difficult to ration Perhaps eight or ten cigarettes a day may be the cleanest smoke, but few people keep to this over a period of years

9 *It is comparatively easy to ration pipe smoking* It fits with time and place The exceptionally tough guy who smokes a pipe on a round of golf is comparatively rare, and the average pipe smoker keeps it for a rest after tea in the club-house

10 The pipe smoker lets himself become decarbonised when he is ill The cigarette addict will smoke when his temperature is raised, and too early in convalescence

11 There are exceptional men to whom no rules apply *Although this is not true of the abuse of alcohol*, which always brings some penalty There are wise men who never smoke tobacco It seems rather presumptuous to express one's views on a

If we are consulted beforehand about some form of treatment, each case may be discussed on its merits If we meet with an example of serious disease, where opportunities have been missed, it is unfair to talk might-have-beens to the patient, although one may with relatives. Often enough, however, these people are [illegible]

discussion with believers in unorthodox systems of treatment. There is no common language between us As a serious contribution I once wrote the fable which follows But I am not unmindful of the words of Sir Thomas Browne "Every man is not a proper Champion for Truth, nor fit to take up the Gauntlet in the cause of Verity"

## *The Fable of The Superior People*

Now when civilisation had progressed a long way, both in good and evil, there developed a sect of people, who were a little bit superior to the rest. They were kind and cheerful, with many excellent qualities, but most of all they took pride that no sickness ever touched them. This was the foundation of their faith; to abolish illness by believing that matter was unreal, and prove their proposition by saying that with this assumption illness vanished, and therefore it was justified.

And a certain man came to one of their meetings, complaining of great pain in his side, so that he thought he had cancer

"But there is no such thing as cancer," said The Superior People.

"I see," said The Man. "Then I cannot have cancer"

"No," said The Superior People "You cannot."

And The Man went away, and returned next week.

"Well?" said The Superior People.

has put something back into place which will make recovery possible Or perhaps, if the accident has been in the hunting-field, there will have been a five-guinea fee for an osteopath who practises the same philosophy and method These things have no particular significance I was interested to read of this identical technique, of manipulation first and diagnosis afterwards, in a book published a hundred years ago

When, however, some serious disease due to natural causes has been treated by an unqualified practitioner, or with some spiritualistic mental means, the doctor may be in a difficult position I think he should be sympathetic with the patient With the relatives he must use his own judgment Of the unorthodox practitioner it is best to see nothing I have once come across a "Healer" in a patient's house I thought the patient and the relatives were well-meaning people, but I had doubts about the good faith of the healer—as the Irishman said, doubts, almost amounting to certainty He had a shifty way with him It seemed to me that he must have had a good deal of self-assurance to be taking these people's money, but when I drove him off with a few well-chosen words he showed no courage

It is no concern of the qualified medical practitioner to cover the legal side of these affairs, although he should discuss the question with the most responsible relative If it comes to an inquest, however, the official report does not as a rule contain much wisdom or dignity A certificate of incapacity is more interesting I heard the other day of a woman, under the care of a healer, who at the end of a week asked a doctor for a sickness certificate, which was refused I think this was reasonable

It takes all sorts to make a world and one has to remember that these people may look at things from an unusual angle Some may have been through an unfortunate experience where medical science was at fault—such as a diet limited in carbohydrate when the condition was renal glycosuria I knew one example of this mistake, many years ago, which resulted in a woman taking up [illegible] which it is [illegible] believe this [illegible] dical error [illegible] proved the futility of all medical knowledge

If we are consulted beforehand about some form of treatment, each case may be discussed on its merits If we meet with an example of serious disease, where opportunities have been missed, it is unfair to talk might-have-beens to the patient, although one may with relatives Often enough, however, these people are [illegible]

[illegible] said "God forgive me, but I would rather be a knave than a fool"

The medical profession has little opportunity for serious discussion with believers in unorthodox systems of treatment. There is no common language between us As a serious contribution I once wrote the fable which follows But I am not unmindful of the words of Sir Thomas Browne "Every man is not a proper Champion for Truth, nor fit to take up the Gauntlet in the cause of Verity"

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And The Man went away, and returned next week.

"Well?" said The Superior People.

"It is wonderful," said The Man "My pain has gone There is no such thing as cancer"

"When you have our faith," said The Superior People, "you cannot be ill, for only Mind exists, matter is unreal"

"I see," said The Man "It is marvellous How I wish I had held your faith before"

And The Man walked home, thinking of Mind only, so that he was knocked down by a motor car, and taken to hospital He was examined by a surgeon, who pronounced his leg broken. "I must put it in splints," said he

"But it cannot be broken," said The Man "I believe in Mind [illegible]"

[illegible] rgeon "You may go home, if you wish

"But I cannot walk," said The Man "My leg gives way"

"Well, well," said The Surgeon "I will admit you; and put on the splints If your leg is not matter, my splints won't either" And he smiled, as if he had said something witty And The Man passed a painful, sleepless night, and sent for the chief of The Superior People next morning

"How is this?" said The Man "My leg hurts I cannot walk, and The Surgeon says I have broken a bone I do not believe in your faith any more"

"Dear me," said The Superior Person "How unfortunate But we have not told you all You will feel better when you understand Bones are sometimes broken Such things could not be if all the world had our faith, but there are certain evils one of which is a broken bone which the world in general believes in, and doctors more than anyone And, because their belief is so strong, we have to admit that fractures occur, but some day we [illegible] faith is wider and more perfect"

[illegible] It is rather disappointing, but my [illegible] the unbelief of the world at large, and by this surgeon in particular, who put the splints on I should like to break his neck It might teach him a lesson"

"When you have more faith," said The Superior Person, "you will be more calm. I, for myself, do not believe my leg could break"

"I should like to try and break it," said The Man.

"Poor fellow," said The Superior Person. "However, your case is not so very bad. I will go home and give you absent treatment, for now that The Surgeon has set the limb we can heal it for you by this absent treatment. Come to our meeting-place in two months' time and tell me if I do not speak the truth"

And the weeks went by, and the pain ceased, and the splints were removed, and The Man came to the meeting-place, and he said "It is wonderful. First you cured me of cancer, and now you have healed my broken bone. But I have been thinking If the want of faith of the outside world lets evil occur, even unto us, why do we not go away to some small world of our own, where all evil and sickness may be abolished."

So The Superior People thought about it, and decided to go to some island, where there would be no faithless

Now The Man made a Friend in hospital, who was attracted towards The Superior People, because, although he was quite well, the doctors called him a typhoid carrier And The Man's Friend asked if he might come, too And The Superior People said "There is no such thing as typhoid." So The Man's Friend said "Then I cannot carry it?" And The Superior People said "No, certainly not."

So The Man, and The Man's Friend, accompanied The Superior People across the seas And, if any were sea-sick, we have no record of the fact.

And time passed, and the fable ends with a conversation between The Man's Friend and the doctor of a certain ship which happened to call at the island.

And The Man's Friend said "Then all these people are ill, and many have died, because I brought the germs of typhoid fever to this island?"

"Yes," said The Ship's Doctor

"But I thought there was no such thing as typho d fever, at any rate for those who had no fear, and believed in Mind only, and that matter was unreal," said The Man's Friend.

"It is all a question of words," said The Ship's Doctor "The Superior People, I believe, say that God made everything Let us put it, He made man. Did He not, then, make microbes? A

microbe is as real as man, and they are far more numerous Marcus Aurelius accounted his body a small thing in time and eternity compared with his soul, but he did not call it unreal."

"I see," said The Man's Friend.

"These people at home," said The Ship's Doctor, 'were protected from epidemics by medical science"

"But are they not right about fear?" said The Man's Friend.

"There is a great deal in it," said The Ship's Doctor "And the best doctoring drives out fear"

"Is there not much in faith healing?" said The Man's Friend.

"Of course," said The Ship's Doctor "Much of the healing art consists of putting the patient in the right state of body, and mind, to get well But we are all on our last journey from the cradle to the grave, and health and disease are words, like hot and cold, to some extent relative terms"

"Then The Superior People have some truth, but not the whole truth?" said The Man's Friend

"Do you think there is such a thing as the whole truth in this world?" said The Ship's Doctor "But, if I were to preach a sermon on the search for truth, I should say it began with humility"

"And are The Superior People wanting in humility?" said The Man's Friend

"Well," said The Ship's Doctor "Their philosophy claims to rise above what the rest of us regard as the laws of nature which many sects have claimed for the soul, but no one else has denied that the body is subject to natural laws"

"I wonder," said The Man's Friend, 'if they would deny your statement"

"You cannot argue with them," said The Ship's Doctor "Words with ordinary meanings have unusual meanings for them I have sometimes thought they had no meaning at all In a serious attempt to refute their philosophy I should be tempted to try my hand at a fable"

# *Alcohol in its Place*

> There is a notion, common among hobbledehoys, that "experience" can be widened by a loss of self-control. . . They assume that every novel step which you take must needs increase your experience and not diminish it. Their algebra of experience recognises only the positive sign. They reckon with no negative experiences. . You always come off a net loser . Your faculty for delight perceptibly enfeebled.
>
> *The Right Place.*
> C. E. MONTAGUE

HE who is presumptuous enough to air his views about any habit is liable to receive criticism which has some personal bias Be he a total abstainer, taking pride in the rudest of positive health, he may be a poor advocate for teetotalism, because there may be others who think that a little alcohol would improve his character

The spirit which says There but for the grace of God goes myself, is not one of frank humility. It may be attractive and encouraging to listen to a man, without false modesty, recounting those things which he can accomplish, but criticism is inevitable of one who claims that something or another makes him what he is

I believe, however, [illegible]

Pepys, "Till I was past four score years of age, I could pretty well bear up under the weight of those years, but since that time, it hath been too late to dissemble my being an old man" It was a young lady in *Punch* who said "we can only be young once, or

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The spirit which says There but for the grace of God goes myself, is not one of frank humility It may be attractive and encouraging to listen to a man, without false modesty, recounting those things which he can accomplish, but criticism is inevitable of one who claims that something or another makes him what he is.

I believe, however, that alcohol is dangerous stuff and that a young man should pick his way with care, lest he take more than is good for him. I once heard the statement from a temperance platform that when a man thought he could not do without alcohol, it was high time he gave it up I would agree, although perhaps I would excuse him if he admitted the limitations of old age in the spirit of which Dr John Wallis wrote to Samuel Pepys, "Till I was past four score years of age, I could pretty well bear up under the weight of those years, but since that time, it hath been too late to dissemble my being an old man." It was a young lady in *Punch* who said ' we can only be young once, or

is it once too often" It is, however, one of the laws of nature that youth is prolonged by abstemious habits

It is a long time since I answered the question on a life insurance form What is your daily habit with regard to alcohol? If I must confess, the answer was one half pint of beer I do not suppose the life insurance companies place too much reliance upon the answers to this question If the medical profession, however, is being called in to advise on matters of health, it would make a good question to ask Under what circumstances, during your lifetime, has it been difficult to keep to your usual abstemious daily habit?

There was once a picture in *Punch* of one man clapping another on the shoulder, with the remark, "I say, Brown, old man, come and have a drink." To which came the response, 'I am afraid you've made a mistake My name is not Brown, but may I have his drink?"

Now throughout life our concern will often come from something deeper—that we wish to refuse a drink when it is legitimately offered The particular experience of one man may be a false basis from which to draw general conclusions, but with this limitation admitted, it may be of interest to review the changed customs during the last fifty years

When I left school, alcoholic drinks in a private house were confined to the dining-room table, or were found in the smoke-room occasionally Perhaps a whisky and soda might appear before bed-time, but a youth was not expected to join in this "night-cap" Even on the occasion of a ceremonial dinner, it was unthought-of to have a short one during the *mauvais quatre d heure* before the butler or maid announced that dinner was served Under these circumstances, it was not conspicuous to be a total abstainer—which I think was important for young girls It was no one's concern but one's own what drink was taken with the meal It was possible to refuse without exciting comment Or one could just take one glass of anything that was going It seems to me that this is changed, since it has become the custom to serve drinks in the lounge or drawing-room It is also altered by the mixing of the sexes and the generations

Much of this applies to a good hotel Instead of two men slipp-

ing off to a quiet corner there is a round of drinks beginning with mother I think this is unwise. She might formerly have shared a bottle of wine with her son at dinner, but of this he was free to choose. An abstemious Scotsman friend of mine, crossing the Atlantic, ordered a whisky and soda for each of us, with the remark that nothing gave the same feeling for less money. There is truth in my friend's levity and it is certainly true, that the effect produced by one whisky and soda, later in life, is directly related to the number that have been swallowed in the years preceding It seems hardly decent to talk of a drink producing a particular feeling, but it is the sober truth. It is this which a mother should remember when she stands her son a drink in the lounge. At her age he will want two or perhaps three.

For a young man to walk his individual way through life is wise enough and fair, but occasionally with alcohol and companionship it may seem almost like taking advantage of one's friends, to keep intact such wits as one possesses, when all around are becoming rather clouded. There are no rules, but the thought should be there. *In vino veritas* contains more than a grain of truth. To have been present at a celebration without joining in to the full, leaves a man with the feeling that he has not exchanged confidence for confidence. Or of course he may find that he is in the wrong company altogether—that is another story. Sir Thomas Browne says "He who must needs have company, must needs have sometimes bad company Be able to be alone"

I have always been grateful to anyone who extended the invitation, "Come and have one with me" Although it has been on very rare occasions that I have accepted. I resent, however, the question "Wh[illegible]

[illegible] invitation are a good illustration of a young man's problem. He should walk warily into a situation where anybody can say "What's yours?" As a general measure of education, I think the medical profession might advise that the time, and more particularly the place, where alcohol is served should revert a little towards what they were a generation ago Drinks were served in certain well-defined rooms. These were primary

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Much of this applies to a good hotel Instead of two men slipp-

thing else One could sail the boat while the others sang I think it was an easier situation for an abstemious man to handle, than is, for example, the smoke-room of a steamship in these later years when the company is mixed.

Of course, when one thought as a child, the danger of drink seemed to be that a cabman might fall off his box, that the wagonette driver might tipple his party into the ditch, that the gamekeeper might beat his wife, or any such exciting tragedy might be recounted. These were events with a moral. I am not thinking of morals now Some people wore a blue ribbon Some people "signed the pledge"—some of these broke it. I believe the temperance movement of the late Victorian days did very good work among people, some of whom led very drab lives and frequently took to drink by way of—I will not say "escape," because in those sterner days the teaching was to stand up to life and to win self-respect—but by way of change.

A medical student might think of disease. I remember a bookmaker in Guy's Hospital, who said he supposed he had used his liver up and that he could not get another There was peripheral neuritis. There was loss of memory for recent events—I do not think we used the term Korsakoff's Syndrome Perhaps we had in the wards a case of phthisis due to a constitution undermined by drink. Certainly we knew from practical experience that the alcoholics with pneumonia usually succumbed. In more recent years there is our knowledge about vitamin B deficiency in relation to the heart and, I think we must add, that short drinks on an empty stomach are a disposing cause of gastric ulcer We see less, however, in the way of cirrhosis of the liver and peripheral neuritis as the result of alcohol. It takes our minds back to the days when morbid anatomy was the foundation of the physician's education, to recall the story of Osler's old friend, a newsvendor in the streets of Baltimore, to whom he once handed an overcoat, and to whom he had given many warnings about what alcohol was doing to his liver When the bibulous old fellow died a will was produced to the effect "I bequeath to my friend William Osler his coat and my hob-nailed liver" About this kind of disease there is some element of judgment.

From my own experience I should say that I have seen a fair

and local, but nowadays they turn up like malignant disease in secondary places

By time I am not thinking of the closing hours of a public house or club It is, often enough, unsatisfactory that a pedestrian or a golfer cannot quench a well-earned thirst after his exercise, whereas his more sedentary fellows may drink round and about lunch-time I have seen, in recent years, young men welcomed in a private house in the morning with a glass of sherry In my experience this is a new custom, but if we concentrate on the place in which it is served we shall cover most of the problem I think it should be in the dining-room or at a well-defined bar In which case we know what to expect

In my time at Guy's there were some Bob Sawyers who frequented the Slip and Shovel public house There was a barrel of beer in the Dressers' Room at the Front Surgery We could order what we liked with meals in the dining-room of the Students' Club, but I do not remember any alcohol in the smoke-room or in the Residents' Common Room We did not have anything in our own rooms I remember that some of us received a sample bottle of an Australian wine, soon after we became duly qualified doctors I believe it "toned the blood," or did something equally important We had been advised so frequently to taste our medicine that we felt in duty bound to sample this—which brings me to the point In the Common Room there were no glasses, so that we drank this purple fluid out of coffee cups I am only discussing changed customs I am not moralising We did not need to make any decision with regard to sherry in the Residents' Common Room, because it was not there

An old lawyer friend of mine, once told me that, long ago, he and seven other young men went for a holiday on the Norfolk Broads They entered a public house where one of the brightest of these boys called for sixty-four whiskies and sodas When the landlady demurred as to the question of whether she could provide so many glasses, he said, ' Oh, eight glasses will do, but I thought you had better know at the outset " That is an old story We shall never solve the question of treating It does the past no credit, but it was possible once in a way, to be out with such fellows and slip off leaving them to it One could pay for some-

whose physical condition is slowly deteriorating To be drunk in charge of a motor car is a misadventure, to die of alcoholic cirrhosis of the liver is a tragedy, but the misfortune which overtakes the greater number of those who take too much alcohol is to lose the real joy of indulging themselves in outdoor physical pleasures Or perhaps for other pleasures, such as literature or music, they may find their "faculty for delight perceptibly enfeebled."

I suppose one ought to be conversant with the question, as to which periods in our history would show up the greatest and least amount of alcohol drinking, but I am ignorant of where to find reliable evidence Sydenham spoke of "the terrible habit which we have amongst us of swilling spirituous liquors." Some two generations later, in 1725, the Royal College of Physicians petitioned the House of Commons against "the pernicious and growing use of spirituous liquors among persons of all ranks and both sexes" The outlook seems black, but nearly a hundred years later the nation survived the period, which Arthur Bryant calls *The Years of Endurance*, and it has stood up to two wars of undreamed of strain in this twentieth century In Trevelyan's *English Social History* we read, "But when Queen Victoria died, drinking was still a great evil from the top to the bottom of society, more widely prevalent than in our day, but decidedly less than when she came to the throne."

If the profession is called in officially to advise the nation about how to keep well, the advice with regard to alcohol will be one of the most difficult questions Legislation never gets us very far Forbidden fruit is a temptation. Education is the only satisfactory method. History would suggest that the nation as a whole takes no great harm, but there is evidence that first-class individual specimens of humanity may come to grief. There might be those who would argue that it is the weakling that goes under from this cause and that we might as well get rid of him, which to some extent is true, but from the experience of my observation, I should say that a vivid imagination, a high degree of generosity and personal charm are qualities which make alcohol a danger

The word "escape" is a new label for a very old notion. We know all about the dangers of alcohol in that connection. In a

number of those who have got into a social scrape through alcohol and rather fewer who have died because of drink, but I have seen a large number who have thought that if they steered warily between these two disasters they would not come upon the rocks themselves It seemed there was no one to warn them that steady but moderate drinking would bring a "slight flavour of decay" (as found in Deacon Brodie's vehicle) many years before old age was due I once played a round of golf at Hunstanton with a schoolmaster who told me that a friend of his, sitting in the club-house, put his glass down empty, and said that he had been playing golf for twenty years and had never once played his real game He had the right spirit there I have a friend who says, "Golf's like life, you start with such bright hopes" A little of something that encourages, once in a way, may be quite beneficial

When a young man goes for a holiday he may be faced with a real difficulty if some nice people in the lounge seem to think he is a kill-joy because he does not share in their festivities *But why* should they kill his joy, if he gets it by a swim before breakfast with all nature at its best Suppose he would rather munch some sandwiches in the shelter of the rocks, just below the top of a mountain, than have a drink and first-class lunch in an hotel I *would not* say that he cannot enjoy his open-air pleasures for a few years, and join the loungers as well, but he will not get the same pleasure out of them, and a time comes—sooner than he may realise—when he must choose one or the other If he elects for the top of the mountains, he need not stay there—though he will as long as he can But if he chooses the lounge, there he will almost inevitably remain

You may hear one such elderly lounger telling his children about some exploit of his youth on Snowden, or perhaps how he climbed the dark brow of Helvellyn, risking his life and limb up Striding Edge As the story grows, it almost seems that he might have scaled the Matterhorn without a guide If he had kept to the top of the mountains, however, he could have retraversed that same old family scramble with his children

It is one of life's little ironies that the man who frequently hears the words "Here's your very good health," is probably one

concluded with the words, "the parson preached three Sundays running on the sin of beer-drinking, to children who'd never 'ad any and wimmen who couldn't get it."

I am only discussing the change of the customs with the times, and perhaps a little bit with altered circumstances due to what is called the emancipation of women. One or two mothers have told me that sons will not take advice. There is a time for everything. When Lord Chesterfield wrote to his adopted son, "Fuyez le vin, car c'est un poison lent mais sûr," it is quite probable that the warning was not heeded, but perhaps a father, who has just won a foursome with his son, or is sitting with him on the top of a mountain, is in a better position to drop the right hint. C. E. Montague in his volume *The Right Place*, when discussing abstemious habits, uses the words "This is no tract upon morals. It is a handbook of pleasures."

volume called *A Medical Sketch-Book*, published a hundred years ago, there is the story of a Lancastrian who was frequently brought before the magistrates for drunkenness One day a magistrate asked for an explanation He received the reply, "It is the quickest way out of Manchester" In modern phraseology—escape Samuel Johnson was enlarging on the subject that man is never happy at the moment Someone had quoted, "Man never is but always to be blest." Johnson concluded—"never happy but when he is drunk" I can remember a schoolmaster who went to the railway station every Sunday night (stations were open then) to see the express trains arrive and depart Steadily, as the evening

very old story but sometimes worth bringing out.

It is a good thing for the generations to mix as they do now, and as they did at times when I left school I think, however, in those former days, that Old Father William drank a peg or two in which he did not expect the young man to join If Father William incessantly stands on his head, or turns back-somersaults in at the door, there is no harm done, so long as he does not disturb the rest of the family But he must live up to the tradition that it is his duty to explain that he did not indulge in these frivolities when there was reason to assume that he had a brain which might be injured or limbs worth keeping supple

Mrs Battle believed in a clean hearth, a clear fire and the rigour of the game when she sat down to whist The Victorian housewife, who knew how to specialise in making a home comfortable, believed in a place for everything and everything in its place—although she expected some derangement when her sons came home She knew that it was possible to be so strict with boys about alcohol that they might resort to clubs or public houses,

flower Inn told the story of *A Garden Plot* (W W Jacobs, 1901) he described the silver teapot, which was the first prize at the Flower Show, lying in the road smelling strongly of beer and

but it is of interest if two vessels contain the same ingredient. Mr. Justice Holmes once wrote to his friend Sir Frederick Pollock, "I told you, I believe, that late in life I discovered Montaigne and have read him with enormous delight. The beast knows a lot of things that I had fondly hoped had been reserved for me."

My generation, who, at school, tried hard to perfect our handwriting by copying out such maxims as "Honesty is the best policy," were enchanted with the healthy philosophy and charm of Robert Louis Stevenson, who could hint at something rather less mundane. We appreciated the way in which he could go one better than some staid philosopher, as for example, "Benjamin Franklin went through life an altered man because he once paid too dearly for a penny whistle. My concern springs usually from a deeper source, to wit, from having bought a whistle when I did not want one."

And then there was Rudyard Kipling, not only telling new tales, but a master of ideas and phrases that would remain in the mind. Or to use his own expression—"words that may become alive and walk up and down in the hearts of his hearers."

No doubt it would be possible to turn up a Dictionary of Quotations to find a thought which fitted any theme, but, for these reminiscences, it seemed best to draw upon old friends of all of us, like Boswell, Oliver Wendell Holmes, Sir Thomas Browne and Dickens.

I have been grateful in my time to a number of people who have recommended some book, although occasionally this may appear to set a task. For this reason it may be more attractive to have a hint put before one, which tempts towards the seeking of a better acquaintance. Perchance this might apply to a reference of mine from William Penn or C. E. Montague.

Those who see wisdom in every page of *Alice in Wonderland* and *Through the Looking Glass* will understand my allusions. We all know that *Punch* is "not as good as it used to be—and never was", but there is a history of medicine to be gleaned from the volumes, and we should not value Mr Punch so much for wit as for his kindly wisdom.

For the spirit of a mid-Victorian physician one cannot improve upon Sir William Withey Gull. I might have quoted his con-

# *Bibliography*

"Tell me, ye learned shall we for ever be adding so much to the bulk—so little to the stock?
Shall we for ever make new books, as apothecaries make new mixtures, by pouring only out of one vessel into another?'

TRISTRAM SHANDY

PERHAPS it is unreasonable to use the words "make new books" in connection with this modest offspring It was in the novel *Mr Midshipman Easy* that the unmarried wet-nurse said, by way of excuse to the admiral's wife, "Please, Ma'am it was only a very little one"

In writing a scientific article, we collect first our own material and then read what others have written The simplest method is to make notes on separate sheets under various headings In so far as there be any original work it will stand out from the rest, even if it is no more than confirmation of someone else's study

It is hard to know what is original if one quotes from books which have been read many years ago or ventilates some idea which has been long in the mind There is a lesson in the *Story of My Life* by Helen Keller (But perhaps she is forgotten, although Mark Twain, in one of his most serious moments said that the two most interesting characters of the nineteenth century were Napoleon and Helen Keller) She was blind, deaf and dumb but educated with the utmost patience She produced a story for publication, which she and her teacher believed to be original, but the event proved that it must have been stored in her mind as

that "a thought is often original though you have uttered it a hundred times It has come to you over a new route, by a new and express train of associations"

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Some things must get buried in the subconscious mind which come to the surface as a fresh idea Oliver Wendell Holmes says that "a thought is often original though you have uttered it a hundred times It has come to you over a new route, by a new and express train of associations "

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the radical moisture—You have proved that matter of fact, I suppose, above, said Yorick. Sufficiently, replied my father" Which teaches the same lesson, and also gives a hint that he who propounds some hypothesis may be impatient of criticism.

When "apothecaries make new mixtures" they should have regard to taste. But palates vary and time was when a patient might ask the doctor for a little less peppermint or rather more ginger Perhaps it will suffice if the essential ingredients are honestly meant for the best. Where there is colouring matter, in the way of fable or of fiction, it is seriously intended. If some things are difficult of solution, or do not readily mix with others, one hopes that sediment and froth have been avoided, and that the mixture, taken as a whole, is something better than a placebo and more convincing than an alterative.

I once went home to lunch with a fellow student His father came into the room, shaking his head over a bottle of medicine which he had just made up He said he was treating a case of pleurodynia for which he was dispensing a new mixture and there had come down a precipitate He shook his head over us because we had passed an examination in pharmacology but could not advise him how to make a clear solution, but he concluded, 'Never mind, she will have to shake the bottle."

Kipling said at the Royal Academy Dinner in 1906 "Now we desire beyond all things to stand well with our children, but when our story comes to be told we do not know who will have the telling of it."

One who is no sort of apothecary at mixing words need not fear that a few reminiscent thoughts will carry any responsibility to another generation. At the best it is probable that my preparation is no better than a decoction, which solutions, the text-books tell us, should be fresh prepared as they readily decompose. But had it been possible to catch the right spirit of medical practise during the fleeting occasion, from about the time when the South African war began until V-J Day in 1945, it would have been reasonable to conclude by saying that the facts change but the true spirit does not alter

temporaries, but it was his writings with which I was familiar although I have also drawn upon the *Memoirs* of Sir James Paget For the next generation there is Harvey Cushing's *Life of Sir William Osler* and Sir William's own addresses A young doctor once asked me what had Osler done The answer is that he both lived as a physician and practised the art in such a way that those with whom he came in contact could not fail to learn something of the right spirit and have a faint hope that it might live on in them

Of medical writings between the two wars I have quoted from *The Collected Papers* of Wilfred Trotter Although I am grateful for the friendship extended by many physicians of this period, from whom I have learned much, I cannot tell whether these thoughts and reminiscences would receive their approbation

In using detective fiction I find that I am in good company Mr W M Mollison in a paper entitled *Teaching* has used similar material And in using fiction of any kind one has the liberty of touching on one aspect of a subject, without committing oneself to the assumption that there is no other

No apology is needed for cricket quotations We do not all play but it is still our national game, and the most famous cricketer of all held a medical diploma

And how about *The Life and Opinions of Tristram Shandy, Gentleman*? I think his opinions, in 1759, may be used as an illustration that the wisdom of philosophers, before and after, all down the ages proves that human nature does not change The same thoughts may keep cropping up and perhaps he who first expressed one of them in writing may have picked it up from someone else who spoke it

John Ruskin could write "tell me what you like and I will tell you what you are " Did he get it from *Tristram Shandy* where we read ' but in a word, I will draw my uncle Toby's character from his Hobby-Horse" ?

One of my teachers at Guy's used to say ' Never believe a man for what you know he cannot know " When Mr Shandy senior read aloud the words, "The whole secret of health depending upon the due contention for mastery betwixt the radical heat and

the radical moisture—You have proved that matter of fact, I suppose, above, said Yorick. Sufficiently, replied my father" Which teaches the same lesson, and also gives a hint that he who propounds some hypothesis may be impatient of criticism.

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